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ABSTRACT

Counseling mothers of small children in effective growth monitoring and promotion is both an art and a science. Virtually all primary health care programs contain a Growth Monitoring and Promotion component (GMP). It is vital that supervisors and community health workers of GMP programs have a clear understanding of why communication skills are necessary to make GMP work for mothers. This manual is designed to train field supervisors of GMP programs, along with community health workers, in the art of effective listening and communication with mothers. Trainers can use this manual to plan and conduct a workshop on interpersonal communication for growth promotion. Part 1 of the manual provides an introduction to and preparation for conducting workshops. Part 2 details the following workshop sessions: (1) "Opening the Two-Day Workshop"; (2) "Communication in Growth Promotion: Making it Better; (3) "Mothers and Health Promoters Learn from Each Other"; (4) "Steps toward Good Communication"; (5) "Practice Using Steps toward Good Communication"; and (6) "Review, Evaluation, and Follow-Up." Part 3 of the manual includes resources for participatory training activities, a sample invitation to participants, and sample questionnaire and observation forms. (BGC)

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LEARNING TO LISTEN TO MOTHERS

A TRAINERS' MANUAL TO STRENGTHEN COMMUNICATION SKILLS FOR NUTRITION AND GROWTH PROMOTION

PS 024275

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About the Authors

Jane Vella, Ed. D., is president of the Jubilee Popular Education Center in Raleigh, North Carolina. A specialist in experiential learning, Dr. Vella is an author of numerous training manuals, including *Learning to Teach: Training of Trainers for Community Development*.

Valerie Uccellani, M.S., is a program officer with the Nutrition Communication Project of the Academy for Educational Development. Drawing on years of experience in health and nutrition promotion, Ms. Uccellani has developed a variety of training materials for use in the U.S. and Latin America, including a regional video on interpersonal communication entitled *¡Comuniquémonos, Ya!*

Fieldtest Coordinator:	Valerie Uccellani
Production Managers:	Diane Foster & Cindy Arciaga
Design:	Marianne Michalakis of designMind
Editorial Assistance:	Shannon Fagan
Artwork:	Laurel Douglas
Photo Credits:	Programa de Coordinación en Supervivencia Infantil/PROCOSI, La Paz, Bolivia, Centre for Youth and Social Development (CYSD)/PLAN International, Bhubaneswar, India, Project Concern International (PCI), Riau, Indonesia, and Meals For Millions, Juticalpa, Honduras (Valerie Uccellani).

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A Note from the Authors

This manual was created by a small universe of dedicated people working on nutrition promotion in different countries. Many more people contributed to it than can be acknowledged here. We thank you all. Special thanks go to Margaret Parlato, director of the Nutrition Communication Project (NCP), for her commitment to developing a practical training guide for use in the field, and for the communication expertise she brought to this project. Special thanks also to Charles Teller, Fred Zerfas, Virginia Yee, and José Mora for developing the foundation for this manual. Their nutrition expertise and thorough understanding of growth promotion efforts around the globe proved invaluable. To those who gave feedback on the manual design—Carolina Godinez, Ileana Melendreras, Chato Tuason, and Imelda Zimbe—we thank you for your great suggestions.

After the manual was drafted, NCP used a process of field observation, interview, and discussion to learn what trainers liked about the manual, how they interpreted it, and how they adapted it to their unique styles and needs. The field test told us what workshop participants (the field staff of nutrition promotion programs) found most interesting and most relevant to their work. It was this field test process that gave birth to the manual you now hold in your hands. Indeed, the trainers and participants with whom we collaborated are its final authors. Our warmest thanks for their dedication and creative ideas.

Collaborators in the Field Test of the Manual

☼ **BOLIVIA**

Proyecto Esperanza/Bolivia y Programa de Coordinación en Supervivencia Infantil/PROCOSI

PROCOSI
Calle Lisímaco Gutiérrez, Pasaje 490 Casa No. 4
Casilla: 9432 La Paz - Bolivia
Telephone: (591-2) 374104 - 342509
Fax: (591-2) 392481

Field test coordinator and trainer: Susana Barrera, Health Education and Communication Specialist.
Participants: Twenty-one health professionals from the city of Yacuiba and its vicinity. Participants represented Proyecto Esperanza and the Hospitals of Yacuiba and Villamontes.

☼ **HONDURAS**

Freedom From Hunger/Meals for Millions (MFM)

Apartado 111
Juticalpa, HONDURAS
Telephone: (504) 373004

Field test coordinators: Zoila Alvarez (MFM) and Valerie Uccellani (AED/NCP).
Trainers: Camila Elvir, Maria Teresa Henriquez, and Waleska Elvir R. de Sosa.
Participants: Eight auxiliary nurses and two supervisors from the Ministry of Health in the department of Olancho, Honduras.

- **INDIA**

  Centre for Youth and Social Development (CYSD)/PLAN International

  Bhubaneswar Project
  N-1/A-29, Nayapalli,
  Near C.R.P. Square,
  Bhubaneswar - 751 015
  Orissa, INDIA
  Telephone: (91-674) 55490, 52987
  Fax: (91-674) 54974

  Field test coordinator: Nanda Kishore Bal
  Trainers: Kedarnath Ranjeet and Amlan Tripathy
  Participants: Fifteen community health workers from different program areas in the Bhubaneswar area.

- **INDONESIA**

  Project Concern International (PCI)

  P.O. Box 1292, Pekanbaru 28001
  Riau, Indonesia
  Telephone/Fax: (761) 37645

  Field test coordinator: Nurul Fazrie, Project Director
  Trainers: Rita Kemalawati, MCN, Ismail Mahyuddin, Rita Puspa, BSC and Yufrizal Putra.
  Participants: Fifteen Kader coordinators (who supervise community health volunteers).

- **MALI**

  Sections of the manual were adapted and field tested by the Mali Nutrition Communication Project, and National Center for Health Information, Education, and Communication (CNIECS) of the Ministry of Health and Social Affairs.

  Trainers: Amelia Duran-Bordier, Claudia Fishman, Dandara Kanté, Fatoumata Maiga, Muderhwa Runesha, Safiatou Tamboura and Tim DeLamatre.
  Participants: Twenty-eight participants included community health workers from Africare (Dioro), CARE (Macina), and World Vision (Koutiala), as well as representatives from the Ministry of Health, Freedom from Hunger, PLAN International, the Bafoulabe Integrated Development Project, the Association for Aid and Support for Rural and Urban Resettlement, the Canadian Children's Association, and the Development Help Association.

A Note from the Collaborators

During the field test, we learned that even trainers with limited experience can use this manual to lead an effective and motivating workshop on interpersonal communication.

Trainers said:

"This manual is not only applicable to different programs and very useful for trainers, but it also helps participants recognize and value the importance of quality communication with mothers in search of better health for their children."

"The strength of this manual is that, although it is detailed, it is flexible to changes and adaptions."

Participants in Indonesia observed:

"... I can introspect and improve my own performance."

"... I have skills to train other kader (health workers) and mothers with dramas and games."

"... We can apply steps of good communication in our posyandu (health post)."

Participants in Honduras concluded:

"Now we need to observe the application of these skills in our own health centers."

"Now we should do the dramas directly with the mother."

"Now we should give this workshop to all health personnel." (One participant did in fact lead the workshop a short time later with physicians who learned a lot from it.)

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Part One
Introduction and Preparation

Project Concern International, Riau, Indonesia

Introduction

WHY
was this manual written?

Counseling mothers of small children in effective growth monitoring and promotion is both an art and a science. The *science* is in weighing the child, charting growth, comparing growth to international standards and knowing basic nutrition information. The *art* is in effective two-way communication with the mother: listening attentively to the mother's perspective and sharing new information about infant feeding practices in a sensitive, systematic, and sure manner.

Virtually all primary health care programs contain a Growth Monitoring and Promotion (GMP) component. Field workers are usually taught the science; they are trained to weigh children, and to chart and interpret data. They might also be taught what to teach the mothers in different situations. However, they are rarely taught the art: how to listen to the mother's point of view, how to communicate effectively with her, how to teach the mother, and how to help her evaluate the situation and make decisions for herself about nutrition problems.

It is vital that both supervisors and community health workers of GMP programs have a clear understanding of why communication skills are necessary to make GMP work for mothers. They must also have confidence and competence in their communication skills. This manual will help them to gain both the understanding and the skills.

WHO
is this manual for?

This manual is primarily designed to train field supervisors of GMP programs. It should be used, in turn, by the supervisors to train the program's community health workers.

As **trainer**, you will use this manual to help plan and conduct a workshop on interpersonal communication for growth promotion. You will be responsible for adapting the activities in the manual to best suit your own group, and for making sure that each of the training objectives are met by the end of each session. From the beginning, it will be extremely useful to work as a team with one or two other trainers. This way, during the workshop, you can always pay attention to the participants while your teammates write on the flipchart, distribute materials, and handle any logistics during the workshop.

WHAT does this manual contain?

This manual describes a set of SIX SESSIONS FOR A TWO-DAY WORKSHOP. Trainers in many different programs have used the manual with great success -- often with minimal training experience. Each session includes:

1. **Title**
2. Estimated **Time**
3. Behavioral **Objectives** for participants
4. **Materials** (In this list you will see sample charts to prepare beforehand.)
5. Recommended **Activities**
6. **Objectives Checklist**
7. **Notes to the Trainer** (These boxed notes will help you facilitate each session of the workshop.)

Adapting the Manual to Meet Your Group's Needs

The two-day workshop outlined in this manual will be effective only if it addresses the primary needs and interests of the workshop participants. As facilitator, you should adapt the manual to suit the field staff you train. Often, small changes or additions can make the training more relevant. In order to help you customize the workshop, ask yourself the following questions:

WHO
will be the participants of this workshop?

This training is designed for **field supervisors and community health workers** who are trained to weigh young children as well as to chart and interpret their growth. It is important to select participants who already have these basic GMP skills so that they can focus on the theme of this workshop: strengthening communication.

The training can be done with a varying number of participants. We recommend no more than fifteen, but see what works best. Keep in mind that all participants should have more or less the same type of program responsibilities. In other words, you may not want to mix supervisors and field staff as participants in the same workshop.

WHAT
are the objectives of your two-day workshop?

The six sessions in this manual were designed to meet five objectives. Participants who complete these six sessions will have:

1. *discussed* the goals of GMP and the role of two-way communication in achieving those goals;

2. *identified* effective ways to support mothers and motivate them to solve their childrens' growth and nutrition problems;

3. *practiced* sharing appropriate nutrition information to meet a mother's immediate needs and prompt behavior change in common GMP situations;

4. *defined* a series of steps that field staff can use to assure good two-way communication in GMP sessions; and

5. *practiced* using techniques such as small groups, stories, and dialogues, which they may use in the future to facilitate training on other nutrition and health topics.

A detailed set of objectives is presented under each of the six sessions. Read the objectives for each session in detail and revise them, selecting and adding the most important objectives for your group.

WHEN and WHERE will your workshop take place?

The training should be organized after the participants have been trained in the established norms for weighing, charting, and interpreting the growth of young children in their communities.

It should be scheduled at a time when the group can stay together for two entire days. If that is impossible, you and your co-facilitators should carefully review each of the workshop's six sessions and select activities that are most immediate to the needs of your group.

Organize the training in a quiet place, where participants are comfortable and are not distracted. Without interruptions in time or place, the group will work step-by-step to build communication skills and a sense of togetherness that will give rise to learning.

Schedule the training at a time when the participants will be able to practice the new principles and skills as soon as they leave. Immediate reinforcement is vital if this new way of teaching, counseling mothers, and promoting and of two-way communication, is to become a routine part of GMP.

HOW will you adapt each of the training activities?

Read each of the activities and **Notes to the Trainer** in the six sessions of this manual. Remember, you can do the activities just as they are presented. However, if you do not anticipate having enough time to do all of the activities, decide beforehand which ones you will do, and do these well. In general, it is better to eliminate a training activity than to try to cover too much in a given amount of time. Also, make sure the activities are appropriate for your group and, if not, go ahead and change them! For example, if the reading skills of your group are limited, substitute discussion or pictures for words on the charts you prepare. If any of the communication skills -- such as listening and other specific skills listed at the end of Session Two, Activity Two -- are not appropriate for your group, change them.

The **Notes to the Trainer** explain some key participatory training principles. Reading them will help you make the activities meaningful for participants, and will give you ideas for each session. As you begin to feel comfortable with the participatory principles the manual is based on, you may want to experiment with new training activities.

For example, you may add some participatory activities to get people moving and laughing. Some resources for participatory training activities are listed in the Reference Section. We suggest one-half to one hour each day for this type of activity. You may also add some special activities. For example, trainers in Riau, Indonesia, added a traditional opening and closing ceremony to the workshop, as well as a special event to celebrate all the birthdays that fell in that month.

Preparing to Conduct and Evaluate the Workshop

Feel Confident

As facilitator, you should feel confident with the content of each and every session of the workshop. If you want more background on nutrition and growth, there are several resources to use. *Facts for Life*, a Unicef publication used worldwide, offers basic information about infant feeding that mothers need to ensure adequate growth of their children.[1]

Communicate with Participants

Participants like to be clear on the topic of a training before they get there. A sample invitation for participants, which tells them the overall workshop topic and objectives, is included in the Reference Section of this manual.

Before the training starts, learn as much as possible about the participants. In Bhubaneswar, India, trainers met with participants before the workshop in order to become familiar with their day-to-day tasks and learn the extent of their GMP experience. They used informal conversations and even singing. You may choose to use a brief questionnaire, like the one shown in the Reference Section of this manual, to learn about the participants and their attitudes toward communication.

Prepare Materials

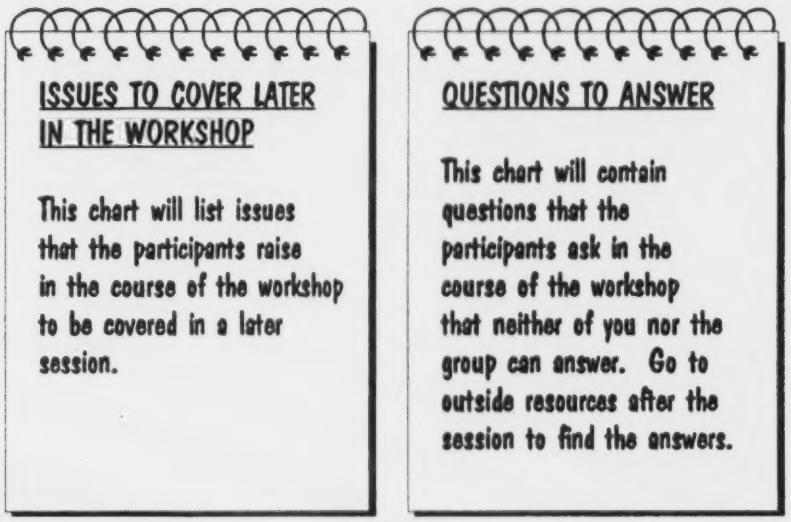
Once you have decided on activities, collect and prepare materials for the whole workshop. Charts you may want to use are shown for each session under "Materials," and again under each activity.

Some of the charts will be completed by participants during the sessions. You should have blank chart paper with titles for the charts the group will complete. Trainers in Olancho, Honduras, found it useful to make themselves a summary sheet for each session: objectives; activities; materials; estimated time; facilitator.

---

[1] *Facts for Life: A Communication Challenge*, can be ordered from the UNICEF Office in your country. (Available in English, Spanish, and French.)

Prepare two special charts ahead of time to help invite questions and suggestions throughout the training. You can ask one participant each day to record issues and questions on these charts. This will show participants that you acknowledge their needs and interests.


ISSUES TO COVER LATER IN THE WORKSHOP
This chart will list issues that the participants raise in the course of the workshop to be covered in a later session.
QUESTIONS TO ANSWER
This chart will contain questions that the participants ask in the course of the workshop that neither of you nor the group can answer. Go to outside resources after the session to find the answers.

Arrange for Assistance

If possible, arrange for a secretary to be available during the workshop to type up selected charts from each session, photocopy them, and distribute them to participants. Tell participants that they will get a copy of what was written on charts during the workshop, and therefore do not need to take notes. This will demonstrate the value of what is on the charts, and will ensure that participants pay more attention to each activity.

Plan to Check Your Effectiveness

As trainers, we always want to know whether a workshop was effective so we can improve it in the future and give participants more training and support as needed. This isn't always easy. There are two things to look at:

- How did participants *react* to the workshop? and
- What did participants *learn* from the workshop?

Here are a few suggestions for each:

- How did participants *react* to the workshop?

Suggestion

Watch the participants during the training. If they are uncomfortable or tense, change the activity or move to the next one. Later, rethink the problem and return to the activity when you've had a chance to revise it.

Suggestion

At the end of each day, facilitate a group discussion about the workshop. (Session Six suggests topics for a final discussion.) It is important to ask the group questions that invite honesty, not only about what they liked in the workshop, but what they would suggest be changed. You may ask them to write down their thoughts privately.

- What did participants *learn* from the workshop?

Suggestion

At the end of each session you will find an Objectives Checklist. Review this after completing each session. Have the objectives been met? If you think it's necessary, adjust the remainder of the workshop to meet those objectives that you think were left unmet.

Suggestion

Participants can complete a short questionnaire before the workshop and again at the end. A sample questionnaire for participants is shown in the Reference Section of this manual. In this way you can get a sense of how their knowledge and attitudes changed as a result of the workshop and what they still have doubts about.

Suggestion

No questionnaire will really tell you (or the participants) whether their communication skills have improved as a result of the workshop. The best way to evaluate communication skills, and pinpoint future training

needs is through observation. Two samples of observation guides are shown in the Reference Section at the end of the manual.

Suggestion

Ask yourself the following questions as you go along.

Before each session:

- What makes each of these activities appropriate **now**?
- What changes may be necessary to make them more appropriate for **this** group at **this** time?

After each session:

- What have I learned from these activities?
- What have the trainees learned from these activities?
- How do I know they know? How do they know they know?

Note to the Trainer
This manual is meant to be a flexible guide, built on training principles that have proven successful in other areas. The central principle of this manual is that the adults you are training do not need to be given a lot of new information to learn what they need to know. Rather, they need an opportunity to exchange ideas and experiences. This will build their communication skills and basic understanding of nutrition and growth.

You do not need to be an expert in communications or GMP to conduct this workshop. In fact, the best trainer is one who realizes that, while s/he may have valuable information, his/her main role is to create an opportunity for exchange. A good facilitator recognizes that each participant has a rich, new perspective.

As group facilitator, you have three primary responsibilities during the workshop: 1) *encourage* participants to share ideas and doubts; 2) *model* good communication by listening, repeating, and asking questions; and 3) *provide information* to supplement what the participants bring with them on the first day.

Remember: Participants will do with mothers what you do with them. During each session, do what you teach: Listen! Encourage! Affirm! Question! Explain! Finally, remember that as an experienced trainer, you know best what will work with your group. Experiment! Try new things! Mold this manual to meet your needs!

Part Two
Workshop Sessions

Meals for Millions, Juticalpa, Honduras

Day One

SESSION ONE

TITLE

OPENING THE TWO-DAY WORKSHOP

TIME

Estimated 1½ hours

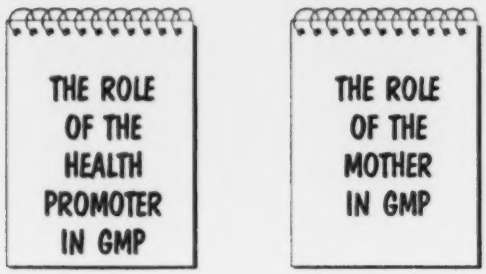
OBJECTIVES

By the end of Session One, participants will have:

1. *introduced* themselves to each other;
2. *reviewed* the objectives of this workshop and *stated* their own expectations and hopes for these two days;
3. *identified* the goals of Growth Monitoring Promotion (GMP);
4. *described* the respective roles of health promoter and mother in GMP; and
5. *practiced* working in small groups and with charts to facilitate training.

MATERIALS

Prepare the following charts as illustrated below under each activity.



Blank chart paper and markers

Trainers in Riau, Indonesia, ran out of time on the first day of this workshop and had to rush the important evaluation at the end of the day. They suggested that if you're going to add special sessions like a ceremony or group game, plan to revise or omit some of the sessions. Good advice.

Project Concern International, Riau, Indonesia

RECOMMENDED ACTIVITIES

ACTIVITY 1

DISCUSS PERSONAL AND GROUP OBJECTIVES

(estimated time 45 minutes)

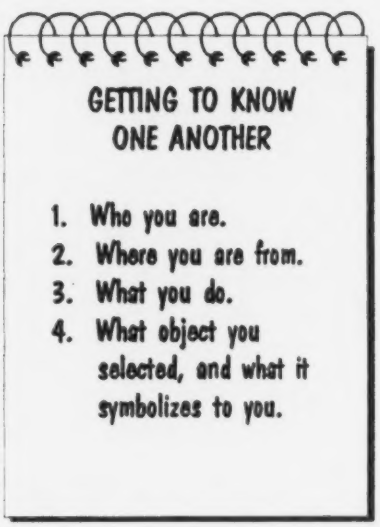
Invite the learners to listen to what you have to share with them.

"Welcome! This two day training is special. We will concentrate on how to improve our communication with mothers during GMP sessions. To start, we will discuss what we hope to accomplish during this two-day workshop, and examine the goals of GMP."

Introduce yourself and give the participants a chance to get to know each other.

"Our first task is to meet one another. To do this we shall select a found object (that is, anything you can find) that represents or symbolizes your work. Take two minutes to find this object, and then, in small groups, share the information on the chart with your group."

Note to the Trainer
In this manual we use the term Growth Monitoring and Promotion (GMP) to describe the periodic weighing and measuring of young children to help them achieve the best possible growth. We choose this term because it suggests that monitoring growth is not enough -- a weighing session is only successful if it promotes healthy behaviors. This is an important concept. If your program uses a term other than GMP, take the time to decide what term the group will use and make sure that everyone is clear about the concept it represents.


GETTING TO KNOW
ONE ANOTHER
1. Who you are.
2. Where you are from.
3. What you do.
4. What object you selected, and what it symbolizes to you.

BEST COPY AVAILABLE

After introductions, *ask* participants to look at these five objectives of this workshop that you wrote on the chart before the workshop.

WORKSHOP OBJECTIVES

1) Discuss the goals of GMP and the role of two-way communication in achieving those goals;

2) Identify effective ways to support mothers and motivate them;

3) practice how to assess a mother's most immediate problems and help her solve them;

4) define a series of steps to use in GMP sessions to assure good tow-way; and

5) practice using participatory training techniques.

Now, *ask* the participants to break into small groups of two or three and answer the following questions:

"Looking at this list of objectives, what do you most hope to learn and to do before the end of this workshop?"

After five or ten minutes, *discuss* the responses in the large group and explain the overall agenda for the two days, mentioning sessions of the workshop where participants' special interests will be met.

In Indonesia, participants say better communication might really encourage mothers to visit the posyandu (health center).

Note to the Trainer
Periodically throughout the workshop, remind participants that **this workshop** is about two-way communication, and not about correct ways to measure, record, or interpret a child's growth. Communication skills such as learning, explaining, and listening will complement other important skills so that health promoters can work with mothers to improve the nutrition and growth of their children.

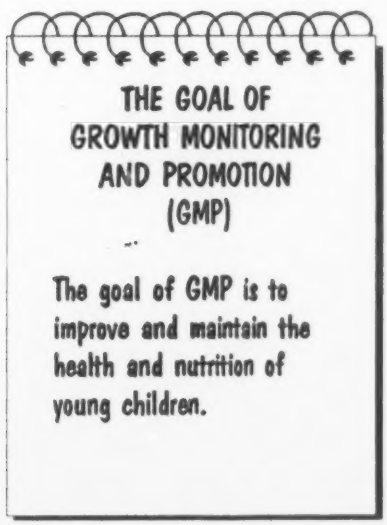
ACTIVITY 2

DEFINE THE GOAL OF GROWTH MONITORING & PROMOTION (GMP)

(estimated time 15 minutes)

Ask the group to look at the GMP goal statement. *Read* it aloud.

In Yacuiba, Bolivia, participants listed several goals of GMP such as to prevent malnutrition, to search for solutions and to detect family problems.



Note to the Trainer
As the participants discuss the goals of GMP, keep in mind the important concept of growth promotion. By weighing a child and comparing the weight to previous visits, health promoters and mothers can determine whether a child's growth needs attention. If so, they can work together to find preventive and curative ways to improve it.

Ask the participants to look at the goal statement. *Ask* the group:

"In light of your own experience, think about the goal of GMP. Would you like to change this definition?"

As participants share their ideas, record them on the chart. Repeat the full definition aloud.

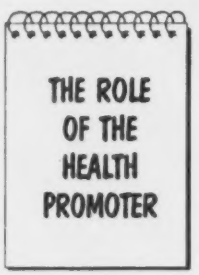
ACTIVITY 3

DESCRIBE THE ROLES OF MOTHER AND HEALTH PROMOTER IN GROWTH MONITORING & PROMOTION (GMP)
(estimated time 30 minutes)

Now that the group has defined the goal of GMP, *explain* that the purpose of this activity is to look carefully at the role of the health promoter and the role of the mother in the growth of the child.

Ask the group to split in half. Ask one member of each group to be the facilitator and write down the group's ideas. One group will name five **tasks** that, from their own experience, best describe the role of the health promoter in growth promotion.

These will be recorded on the chart:



Note to the Trainer
It is always a good idea to explain an activity to the participants before you ask them to do it. If participants seem confused about what you have asked them to do, repeat the instructions as clearly as possible. Ask what questions they have about the activity.

Whenever participants seem reluctant to start an activity, it is a good idea to start the activity yourself. *Select* a task from the lists of suggestions and *write* it on the chart. For example, "Learn what foods are available in the community/home" might go on the chart: THE ROLE OF THE HEALTH PROMOTER.

The other group will name five tasks that, from their own experience, best describe the role of the mother in growth promotion.

These will be recorded on the chart:

Direct the group to consider a wide array of different roles for mothers and health promoters in growth promotion.

Note to the Trainer
Explain that it is very important for a health promoter to learn what foods are available in the community and home in order to counsel mothers with advice that is practical, affordable and within the food resources of the family. Without this perspective, nutrition advice will not result in the action needed to improve the nutrition and growth of young children.

After you've taken your turn, one of the participants will be sure to follow.

After ten minutes, *join* everyone together and ask the facilitators of each group to alternately read what is on the two charts. *Repeat* each mother/health promoter task aloud, and show approval of each idea. On the mother chart, highlight the importance of her taking an active role: "The mother needs to *recognize* the child's needs, and *decide* how the child will be cared for and fed." On the health promoter chart, highlight those tasks, such as listening and learning, that have to do with the topic of this workshop: two-way communication.

Continue alternating between charts until all their ideas have been read. Refer to the lists below to enrich what the group has said, emphasizing the responsibility of the health promoter to understand the mother and to be understood. *Encourage* the group to debate each item on the charts, *making sure* that they consider each of the important responsibilities for both mothers and health promoters.

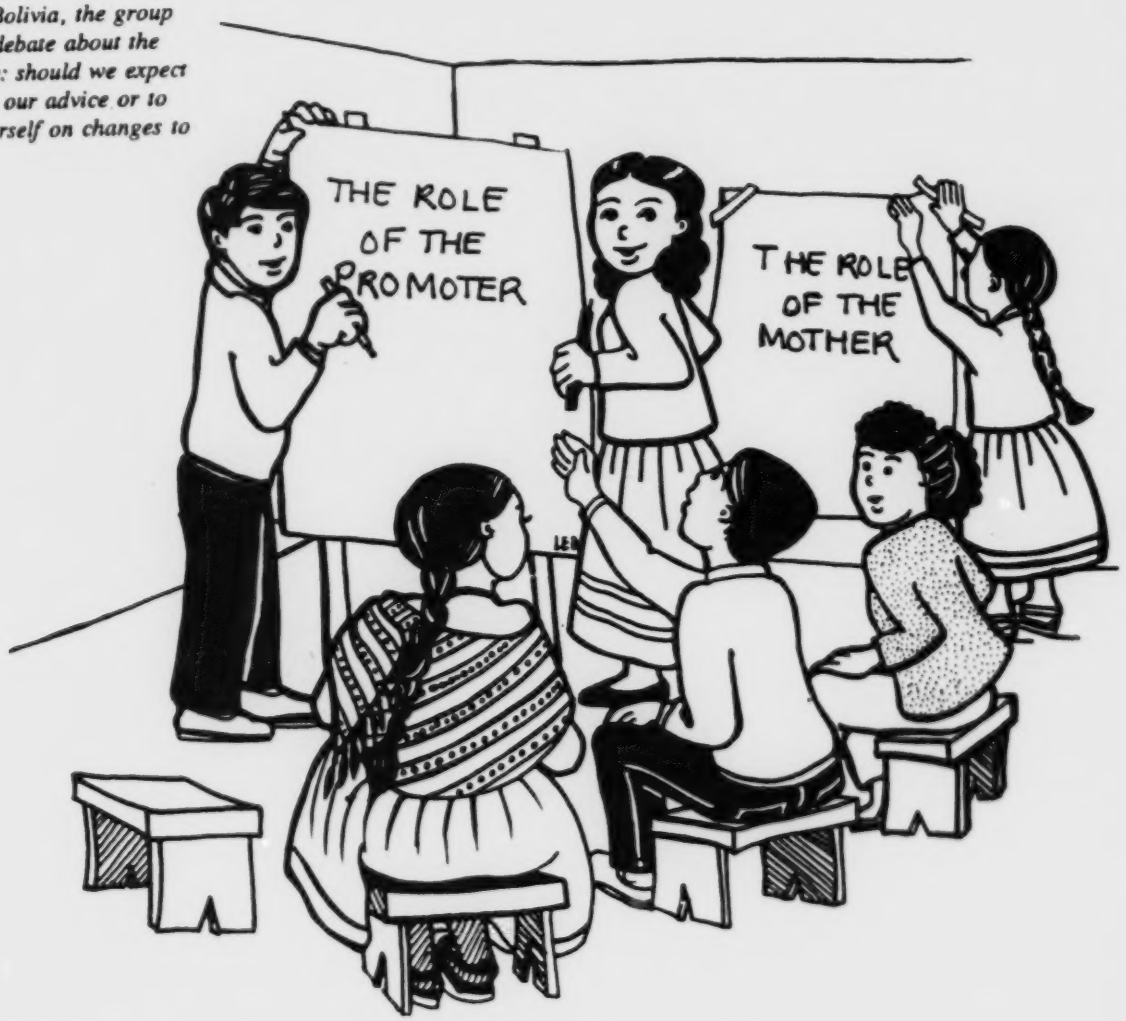
THE ROLE OF THE MOTHER IN GROWTH PROMOTION

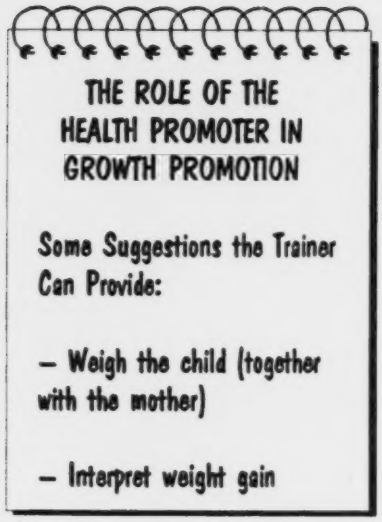
Some Suggestions the Trainer Can Provide:

- Weigh the child (together with the Health Promoter)
- Decide how to change the child's eating pattern
- Decide what the child will eat, how much, and how often
- Understand that changes in diet can promote growth and health
- Breastfeed and/or prepare nutritious food for the child
- Explain what she learns about nutrition to other family members

What else does the group suggest?...

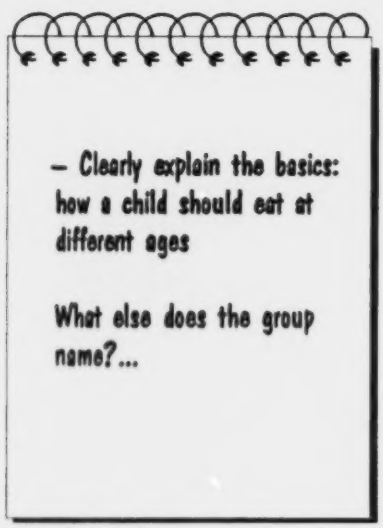
In Yacuiba, Bolivia, the group had a lively debate about the mother's role: should we expect her to follow our advice or to decide for herself on changes to make?




THE ROLE OF THE HEALTH PROMOTER IN GROWTH PROMOTION
Some Suggestions the Trainer Can Provide:
– Weigh the child (together with the mother)
– Interpret weight gain

– Get to know the mother's time constraints
– Learn what foods are available in the community/ home
– Be a good listener
– Speak the local language

Note to the Trainer
During this workshop you will use the flipchart frequently. Using it well takes great skill. Show participants that all comments are good comments by listening carefully, repeating what you heard them say, synthesizing it, and writing it on the chart. Call participants by name and look at them. Try to capture everyone's remarks, and connect one idea to another. Take care not to judge or exclude anyone's comments, but use praise and repetition to gently guide the direction of the discussion. If some participants are quiet or distracted, take special care to use their name and to repeat and praise what they say.



Explain to the participants:

"This workshop is designed so that you will learn from one another and from your own experience, as well as from the trainer. In this last session and the rest of the workshop, we do what we know best as trainers. Please watch what we do and how we do it. This might help you decide what to do and what not to do when you teach others."

"Thank you. In our next session we shall consider why we need strong communication skills to achieve our stated goal of GMP."

OBJECTIVES CHECKLIST

After the session, ask yourself if participants have all...

1. ___ had the chance to *get to know* each other;
2. ___ *reviewed* and *modified* the objectives of this two-day workshop;
3. ___ *identified* the goals of GMP, calling on their own experience so far;
4. ___ *named* important tasks for the health promoter and the mother to promote the growth of a young child; and
5. ___ *experienced* two-way communication throughout this session and *practiced* working in small groups and with charts.

Day One

SESSION TWO

TITLE

COMMUNICATION IN GROWTH PROMOTION: MAKING IT BETTER

TIME

Estimated 2 Hours

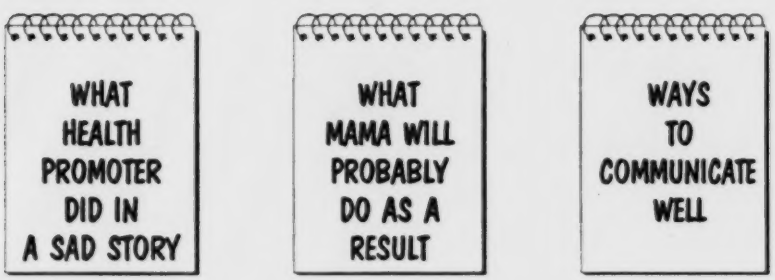
OBJECTIVES

By the end of Session Two, participants will have:

1. *analyzed* destructive actions of a health promoter in a GMP session;
2. *named and analyzed* ways a health promoter can improve communication in a GMP session;
3. *practiced* using stories and dialogues to facilitate training.

MATERIALS[2]

A Sad Story



Dialogue: Ways to Communicate Well (see page 26)

Blank chart paper and markers

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[2] Trainers in Latin America may prefer to use the video *¡Comuniquémonos, Ya!* to prompt discussion during this session. The video was produced by NCP in collaboration with UNICEF. It is available through USAID, UNICEF and INCAP offices in most Latin American countries.

RECOMMENDED ACTIVITIES

Instead of analyzing the sad story and the dialogue, participants in Bolivia analyzed the two scenes from the video ¡Comuniquémonos, Ya! Like the story and dialogue, these two scenes depict bad and good communication between health promoters and mothers.

ACTIVITY 1

ANALYZE *A SAD STORY*
(estimated time 30 minutes)

Ask the participants to listen to this story and analyze it later.

A SAD STORY

Mama comes to the clinic with her very tiny baby. She has lost her Road to Health card, and feels very frightened to tell the health promoter. The health promoter shouts at Mama, "Where is your Road to Health card?" Mama whispers a response. The health promoter shouts: "If you cared more about this little baby you wouldn't forget to bring that card!"

Mama looks down and hands over the child who is crying. The health promoter weighs the child, shakes her head sadly, and writes information in her own book without telling Mama what she is writing.

Mama is frightened and worried. She thinks: "Is there something wrong with my son?" The health promoter then speaks very quickly to Mama: "Your son is underweight. Give him more food more times a day. Use fruits and vegetables and breastfeed him often. That's all! Next time, bring your Road to Health card!"

Note to the Trainer
Story-telling can be a very effective training technique. But you should make sure the story you tell is a realistic one for your group. Instead of telling the story, you may choose to sit the group in a circle and have them develop their own story; each person adding to what the last person said. The key is for the health promoter in the story to do the worst thing possible so that all may recognize how destructive that is and reflect on what is appropriate for good two-way communication.

Auxiliary nurses who participated in this workshop in Olancho, Honduras, said this activity was one of the best. One said, "Like a mirror, the story made me reflect on how we really work at the health center."

Meals for Millions, Juticalpa, Honduras

After reading the story, *ask* the participants to:

"Name the things the health promoter did in this story that showed poor communication."

Record their ideas on the chart, and *add* some suggestions from the list below.

WHAT THIS HEALTH PROMOTER DID IN "A SAD STORY"

- scolded
- spoke quickly
- used a nutrition message that may have been inappropriate

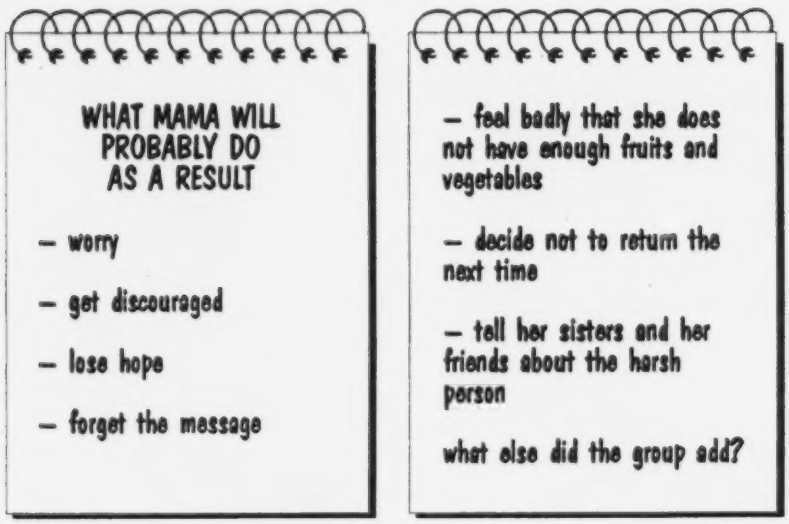
- wrote information without telling Mama
- told Mama what to do
- gave orders instead of information

what else did the group add?

Now, *ask* the group to:

"Name three ways you expect Mama to act as a result of what the health promoter did in this story."

Again, *record* their ideas on the chart, and *add* some suggestions from the list below.


WHAT MAMA WILL PROBABLY DO AS A RESULT
– worry
– get discouraged
– lose hope
– forget the message
– feel badly that she does not have enough fruits and vegetables
– decide not to return the next time
– tell her sisters and her friends about the harsh person
what else did the group add?

Guide the discussion so that the group explores all the negative effects that poor communication by the health promoter can have on the mother and on the child's nutrition.

Thank the group for their participation.

ACTIVITY 2

TAKE A NEW POINT OF VIEW

(estimated time 45 minutes)

Ask the participants to split into two new groups. One member of each group will facilitate discussion by asking a question and recording the group's ideas.

The facilitator for group one asks:

One participant in Riau, Indonesia, felt that mothers want health workers to "speak tenderly, full of love, and politely."

"Put yourselves in the place of the mother in the sad story. As a mother, what would you have liked the health promoter to do differently?"

The facilitator for group two asks:

"Imagine you are the supervisor of this health promoter. You have the chance to talk to the health promoter in this sad story. What would you tell him/her to do next time to communicate better with the mother?

After ten minutes, reunite the two groups together and *ask* them to read aloud each idea on the charts. *Look* for the similarities between what the "supervisors" suggest and what the "mothers" think is important. The groups probably mentioned things such as *greet* the mother, *speak gently* to her, *thank* her for coming, *explain* the meaning of the card and of the child's weight, and *use* simple language. Discuss the importance of each of these. Then, *ask* the group to look at the chart: **SPECIFIC WAYS TO COMMUNICATE WELL**, which you have prepared beforehand.

Note to the Trainer

Explain the instructions for each group to the two facilitators. Make sure to ask them if the instructions are clear. Their role is to explain the task clearly to the group and encourage participation. It is important for them to allow time for group members to respond, to summarize all the ideas on the chart, and to praise everyone's input. By seeing their own ideas on the chart, participants will feel as though what they have to say is valued.

Remind facilitators to be patient. This approach to adult learning assumes people already have sensible answers, and will speak from their experience if given the opportunity.

BEST COPY AVAILABLE

SPECIFIC WAYS TO
COMMUNICATE WELL
– LISTEN to the mother
– ASK her questions
– EXPLAIN things clearly
– CONFIRM that you understand each other

Explain that the chart names some specific ways that a health promoter can communicate well with a mother. Point out those things that the group already mentioned, and those they did not. Give examples of each communication skill:

1. Listen to the mother (examples: *listen* to her concerns about a lost card or a sickly baby; *listen* to her tell you how she feeds her child now).

2. Ask questions (examples: *ask* her what kinds of foods she prepares at home; *ask* her what she thinks she should do about her child's health).

3. Explain things clearly (example: *explain* how the child's weight compares to previous weighings).

4. Confirm that you understand each other (example: *let the mother know* that you understand the many demands on her time; *have the mother tell you* what she plans to do before her next visit).

Discuss these with the group and ask for their reaction.

ACTIVITY 3

SEE HOW GOOD COMMUNICATION CAN WORK

(estimated time 15 minutes)

Invite the group to watch a short drama demonstrating some ways that a health promoter can communicate well. *Invite* the group to take notes during the drama so that afterward you can discuss these and other ways to communicate well.

Note to the Trainer

You can use the dialogue on the following pages to perform the short drama, but make sure to change it so that it is realistic for participants. For example, change the language and insert the names of local foods.

Or you can create your own drama. You should play the role of the health promoter and can ask another trainer or one of the participants to play the role of the mother. Keep it short and make sure to include specific ways to communicate well such as *listen, ask questions, explain* things clearly, and *confirm* that things are understood. The dialogue indicates where the health promoter does these things.

DIALOGUE: WAYS TO COMMUNICATE WELL

	Health Promoter:	Good morning, Theresa.
	Mother:	Good morning.
	HP:	How are things with you?
	M:	I'm okay, thanks.
HP explains *the reason for the weighing before setting up the scale.*	HP:	How good it is to see you here today. We will compare Ana's weight this month to her weight in the last month. This way we know if she is growing as well as we would like. Do you want to undress her while I setup the scale? *(Theresa undresses Ana)*
HP asks *the mother a question and* listens *to her concerns.*	HP:	So, tell me, how have you and Ana been since your last visit?
	M:	Well, I am okay, but a bit frustrated because Ana isn't eating and I don't think she's gained much.
	HP:	Let's weigh her. If she has not gained enough weight, maybe we can make some changes in the way she is eating. *(The HP and Theresa weigh the child together.)* 6 kilos. *(Theresa dresses her baby while the HP sits and begins to write Ana's weight on a growth chart. Then, she invites Theresa to sit by her side.)*
HP explains *the result of this weighing.*		Well, Ana has gained a little bit of weight, that is good. But she has not gained as much as we would hope.
HP ask the mother a question.		Tell me a bit about what Ana eats.
	M:	Well, she takes the breast and she eats some puree made from (*insert the typical staple weaning food in your area*).

HP asks more questions.	HP:	And how many times a day does she eat something besides breastmilk?
	M:	Maybe twice a day, early morning and at night.
HP explains *why Ana's weight may be low and asks a key question.*	HP:	It's good that you are still breastfeeding, Theresa. But, it's important to remember that Ana's stomach is small and that she should eat small portions of food at least four times a day. Is there someone who could help you to feed her more often?
HP listens to the mother describe how she could help Ana eat more.	M:	Well, I don't know. Maybe I could have my sister feed her mid-day. You say four times a day? I guess I can do that.
HP asks the mother to confirm *her understanding.*	HP:	Yes, four times a day would be great for now. You should try to give her the puree four times a day right after you breastfeed. Next time we can talk about adding some other foods.
	M:	OK. I will try to feed her four times each day and maybe start to add a little mashed fruits or vegetables when I get them.
HP explains the importance of the mother's diet and asks for questions.	HP:	Great. It's also very good that you still breastfeed. To keep up your milk, you should drink a lot, eat snacks and rest when you can. Do you have any questions?
	M:	No. I think I know what to do.
	HP:	You could come back in two weeks if you like. We'll weigh her again and see if you have had luck feeding her at least four times each day. *(If your program makes home visits, you may want to have the HP offer to visit Theresa at home.)*
	M:	Yes. Thank you. I'll see you in two weeks.

ACTIVITY 4

NAME THE MOST IMPORTANT COMMUNICATION ACTIONS

(estimated time 30 minutes)

After the drama, *invite* the group to look again at the chart **SPECIFIC WAYS TO COMMUNICATE WELL** from Activity 2.

"This drama showed us a health promoter who tried to communicate well. Thinking about this scene, and your own work, what is the one communication action from this list that you see as most important? Please come up to this chart and circle it. If you would like to add one that isn't on the list, great! Share with the group why you chose what you did as one of the most important ways for a health promoter to show respect and communicate well in a growth promotion session. Also, give an example of how the HP used this communication action in the drama."

Invite everyone to participate. *Explain* that in the next session participants will practice some specific ways to communicate well.

Thank everyone for their participation.

PROCOSI, La Paz, Bolivia

OBJECTIVES CHECKLIST After the session, ask yourself if all participants have:

1. ___ *analyzed* the destructive actions of a health promoter and the results that these might have;

2. ___ *named and analyzed* ways a health promoter could communicate more effectively and show more respect; and

3. ___ *practiced* working with stories and dialogues to facilitate training.

Day One

SESSION THREE

TITLE

MOTHERS AND HEALTH PROMOTERS LEARN FROM EACH OTHER

TIME

Estimated 2½ Hours

OBJECTIVES

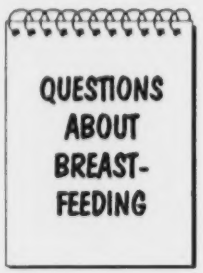
By the end of Session Three, participants will have:

1. *identified* what information the health promoter needs in order to appropriately counsel the mother;
2. *identified* what the mother needs from the community health promoter in a GMP session;
3. *practiced* creating open questions to learn about a mother's needs and interests; and
4. *practiced* sharing the nutrition information that is the most important in a given GMP situation;

Note to the Trainer
If your group hasn't done a participatory game yet today, this might be a good time! You may get some ideas from *Some Resources for Participatory Training Activities* located in the Reference Section at the back of the manual. Or think of one from your own experience.

MATERIALS

One copy of UNICEF's *Facts for Life* resource manual for each participant (or, you can substitute these two charts)



Blank chart paper or board

Small cards or pieces of paper - at least two per participant.

Pens/pencils/chart marker

RECOMMENDED ACTIVITIES

ACTIVITY 1

NAME WHAT THE MOTHER NEEDS
(estimated time 45 minutes)

Present this special situation to the group:

"Imagine you are a young mother coming to the health center for the first growth monitoring session since your baby was born. The baby is now 2½ months old. You breastfeed him, and you have started to give him some teas and juice. He is your first baby. Until now, he has been growing well."

Note to the Trainer
In this special situation, it is especially important for the HP to explain the purpose of growth promotion and to encourage the mother. Why? For the following reasons: 1) she is a first-time mother with a young baby: this is the time to build her confidence that a health baby will show monthly growth; 2) the baby is growing well: this is the time to build the mother's expectation for monthly weight gain, so that she will realize something is wrong if there is no growth in later months; and, 3) the mother is breastfeeding: this is the time to catch her doing something right and reinforce it!

Ask the group to break into small groups for the following task:

"Now imagine that you are the health promoter greeting this mother at the GMP session. Name the three most important things for you to learn from this mother."

After a few minutes, *ask* the participants to remain in groups and continue their discussion.

"Name three things that you, the mother, would need from the health promoter during this growth monitoring and promotion session."

After a few minutes, ask the groups to join together and look at these charts. *Ask* them:

"Out of your discussions, what would you like to add to these lists?"

WHAT THIS PROMOTER NEEDS FROM THIS MOTHER

- trust & confidence
- description of her most immediate concerns
- information about other children and caretakers in the house
- information about resources available to her
- demonstration of how she feeds and cares for the baby now
- honesty about her doubts
- description of her own nutrition practices
- demonstration of what she already knows about child-care and nutrition

What else?...

WHAT THIS MOTHER NEEDS FROM THIS PROMOTER

- praise for breastfeeding
- respect
- time to talk about her own concerns
- validation that it is difficult to be a first-time mother
- clarification of her own ideas
- guidelines on how to know if the baby is eating and growing well
- clear and practical information so that the baby grows well
- explanation of the purpose of GMP
- promise of help at the next visit

What else?...

"In a large group there was unequal participation by trainees and some deviated from the main subject matter," reported one team of trainers in India, "But, small group activities are wonderful ... participants seem to work much better." Similarly, a trainer in Indonesia noted, "Some people who actually talk in small groups are not active in large groups."

Project Concern International, Riau, Indonesia

Note to the Trainer

Participants learn a great deal from one another in the small groups. When they have a task to do, they all want to share results. If you take a *sample*, that is, hear from two groups out of five or ten, *all will be content!*

When they are working on an activity in their groups, your job is to be a **resource.** Go to the group when they call you for help. Set times for activities as short as you can -- you can always add to the time if the groups say they need more time.

We have discovered: the shorter time for an activity, the higher the energy! Participants will tell you when they need more time. Your job is to set the time for each activity -- to announce when you have five minutes to go and then ask: ***"Five more minutes?"*** if you see they need more time.

ACTIVITY 2

CREATE QUESTIONS TO MAKE EVERY SITUATION SPECIAL

(estimated time 30 minutes)

Distribute the book Facts for Life or ask participants to read the charts with the Prime Breastfeeding Messages which were copied from that book. *Read* the charts aloud and *allow time* for the group to discuss any doubts or confusion.

PRIME BREASTFEEDING MESSAGES

1. Breastmilk alone is the best possible food and drink for a baby. No other food or drink is needed for about the first six months of life.

2. Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

3. A baby needs to suck frequently at the breast so that enough breastmilk is produced to meet the baby's needs.

4. Breastfeeding helps to protect babies and young children against dangerous diseases. Bottle feeding can lead to serious illness and death.

5. A variety of additional foods are necessary when a child is about six months old, but breastfeeding should continue well into the second year of a child's life and for longer if possible.

6. Breastfeeding gives a mother 98% protection against pregnancy for six months after giving birth—if her baby is fed on breastmilk alone and if the mother's periods have not returned.

Explain to the group:

Every encounter between a community health promoter and mother is special because every woman and child is different. The trick is to put ourselves in the place of the mother, and ask ourselves: What does this women most need from me?

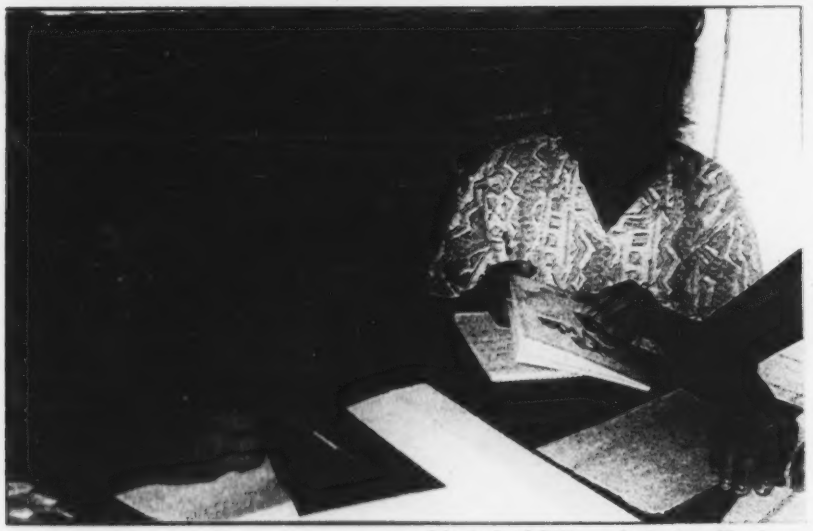
Explain:

"Facts for Life is a handy resource for basic nutrition and growth messages for HPs. However, health promoters can not and should not, tell a mother all of the messages about any topic, such as breastfeeding. Rather, they should try to know the messages well, and then share one or two pieces of information that are the most important for this mother at this time. In this activity, we'll use breastfeeding as an example to practice communicating the most important information to a mother in her special situation." Remember: Understanding a her doubts and most pressing concerns is the only way that we can give a her what she needs to make nutrition/health decisions."

Break into small groups. *Distribute* at least three (3) small blank cards to each group. *Ask* them to refer to the messages, and their own knowledge about breastfeeding, to complete the cards.

Ask the group, as health promoter to put themselves into the situation described at the top of Activity One ...

"What are three questions that you would ask this mother to find out what you need to know? Please write one question on each card."



Meals for Millions, Juticalpa, Honduras

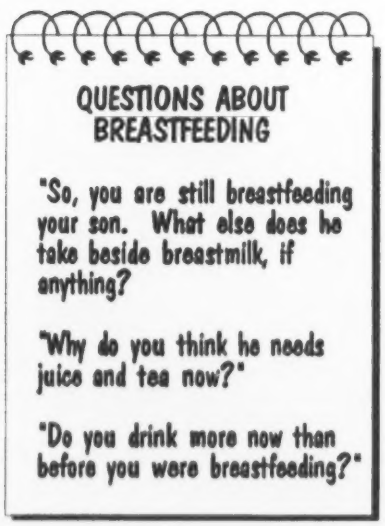
After five to ten minutes *ask* the groups to exchange cards and explain to each other why they chose to write what they did. *Thank* the group and *explain* that you will all explore their ideas further in the next activity.

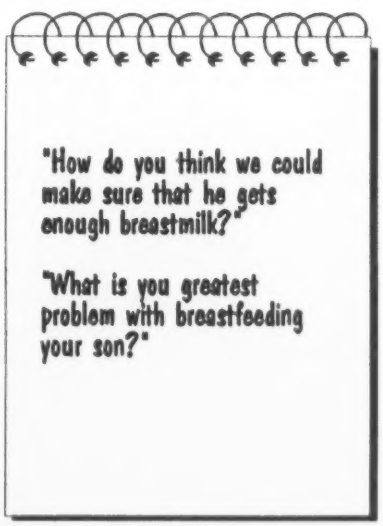
ACTIVITY 3

CONSTRUCT OPEN QUESTIONS

(estimated time 30 minutes)

Ask a participant to read the charts aloud.


QUESTIONS ABOUT BREASTFEEDING
"So, you are still breastfeeding your son. What else does he take beside breastmilk, if anything?
"Why do you think he needs juice and tea now?"
"Do you drink more now than before you were breastfeeding?"


"How do you think we could make sure that he gets enough breastmilk?"
"What is you greatest problem with breastfeeding your son?"

Note to the Trainer

Look carefully at the structure of the questions you have posed to the small groups in this session (for example, "What would you like to add to these lists?") and the questions that the HP uses in the dialogue (for example, "How have you and Ana been since your last visit?")

These questions, like most used in this workshop, are called open questions. They invite the group to come up with their own answers; you do not define a set of answers for them ahead of time. Open questions typically begin with the question words *Why?, How?, What?,* or phrases like, "Tell me About...," "Explain to me...," "Describe..."

Open questions have no right answers. They are useful in training because they generate broad, deep responses. They invite the learner to respond from his/her own life experience.

Explain to the group:

"Most of the questions on this chart are called open questions because they invite the mother to share information freely, without limiting the kind of answer she gives. Open questions can not be answered simply with yes or no. Rather, they invite a variety of answers, sometimes unexpected, and give the health promoter insight into what a mother really thinks and feels."

Open questions are very useful in GMP sessions because they allow health promoters to find out what mothers are doing and thinking. Open questions also show a mother that her perspective and feelings are taken seriously. They are a key to two-way communication.
Ask the group to select the one question on the chart that is not an open question, and change it to an open question.

After a few minutes of discussion, *cross out* the question "Do you drink more now than before you were breastfeeding?" It is a closed question because the mother will simply answer yes or no. Often mothers will try to answer correctly to please the health worker, so yes/no answers may provide incorrect information. *Write* the group's suggestions for turning this into an open question on the chart. For example, to get a more complete response the health promoter may ask: "How has your own eating and drinking changed now that you are breastfeeding?"

Read the following closed questions to the group and ask them to change them to open questions.

Closed: ***"Do you give him the tea in a bottle?"***
Open: ***"How do you give him the tea?"***

Closed: ***"Do you breastfeed him before you give him other things?"***
Open: ***"Describe when and how you breastfeed him."***

Ask the group to refer back to their cards with the three questions they created for the health promoter in Activity Two. *Ask* the same small groups to decide whether they are open or closed questions. If they are closed, make them open! *Ask* volunteers to get up and write their open questions on the chart. Each time a question goes on the board, ask the group whether it is an open question and why it would be useful.

Note to the Trainer
You may want to do this short exercise with the participants to help them to understand open questions.

Which of these is not an open question:

1) How are you?
2) How is your little one doing?
3) What can you do to help him gain weight this next month?
4) Do you feed him vegetables?
5) Explain to me what he most likes to eat.

(Number 4 is a closed question. How can we make it open?)

Some possibilities:

What vegetables do you have available in your home?

If you were to feed him vegetables, which could you get?

Why do you think vegetables will be good for him now?

Open questions are generally useful at the beginning of a GMP session with a mother. Later, the health promoter may want to use closed questions to target more specific information.

Now, *ask* the group:

"How do you feel when someone asks you: 'Shouldn't you pay attention during this workshop?'"

Give the group a minute to discuss.

"That's a leading question – it treats people like objects. Leading questions start with phrases like: "Don't you think?..." and "Shouldn't you?..." Leading questions create bad communication because people easily answer yes to such a question. For example, the health promoter should never ask: "Shouldn't this child be eating more vegetables?" or "Don't you know that this child should eat more often?"

Then *ask* the group:

"How do you feel when someone asks you: 'Did you like Session One or Session Two better?'"

Give the group a minute to discuss.

"That's a forced question. It gives people a limited choice for their answer. For example, a health promoter should never ask: "Do you feed him yoghurt or eggs?" The mother would almost certainly select one of the two choices, although the child may eat neither."

Health promoters should avoid using leading questions and forced questions.

ACTIVITY 4

PRACTICE GIVING ADVICE FOR EVERY SITUATION

(estimated time 45 minutes)

Invite one pair in the group to imagine that they are the HP and mother of the special situation described at the top of Activity One. Remember, the mother visits the health center for the first time with her 2½ month old boy. *Explain* that the pair will not play out an entire encounter between HP and mother. Rather, the HP will start by asking one of the open questions on the cards and the mother will answer. The answers should be as realistic as possible. The HP can continue to ask questions (although, one may be enough!) until she/he decides what information about breastfeeding would be the most useful for *this* mother at *this* time. *Offer* the following example:

"The HP might ask, 'Why did you begin to give other liquids, besides the breastmilk?' The mother in this special situation might say that she started giving juices and teas because she was worried that, as a first-time mother, she may not have enough milk for the baby to grow well. In this case the health promoter might explain that with frequent suckling (on demand), virtually any mother can produce enough breastmilk for her baby to grow well. Her baby shouldn't need any other liquids or foods for several months."

Continue these mini-dialogues until you feel that everyone is satisfied. Give them feedback on what they have done, and thank everyone for their participation.

In Bhubaneswar, India, trainers used role-play with feedback. "The role-plays give confidence to participants when faced with the real situation. And trainees could immediately find out how effective their own performance had been. This was most useful to strengthen skills of human interaction and communication."

Note to the Trainer

Role-plays are very popular training techniques, but often are wasted because trainers don't give participants the feedback they need. There are two things that a trainer can do so role-plays lead to personal reflection and changes in behavior.

1. During the role-play, *take notes on what the participant has done well.* Afterward, make sure to name specific things he/she did that showed respect and ensured good communication. For example, in this drama, make note of any open questions that the promoter uses.

2. During the role-play, *take notes on things that the participant could have said or done better.* You might give examples of how to use an open question, instead of a closed question, or to give the mother clear and practical information instead of repeating a long list of general breastfeeding messages. Below is a simple form that might help you to give feedback to participants after role-plays.

FEEDBACK FROM TRAINERS	
What the participant has done well...	What the participant could have said or done better...
•	•
•	•
•	•

You can use this form throughout this and other trainings.

OBJECTIVES CHECKLIST

By the end of the session, ask yourself if all participants have:

1. ___ *identified* what information the health promoter needs in order to appropriately counsel the mother;
2. ___ *identified* what the mother needs from the community health promoter in a GMP session;
3. ___ *practiced* creating open questions to learn about a mother's needs and interests; and
4. ___ *demonstrated* ability to convey the nutrition information that is most important in a given GMP situation.

Day Two

SESSION FOUR

TITLE STEPS TOWARD GOOD COMMUNICATION

TIME Estimated 2½ Hours

OBJECTIVES By the end of Session Four, participants will have:

1. *named* ways to create a "safe" learning environment and *discussed* the importance of safety for mothers in GMP sessions;
2. *reviewed and revised* a set of steps to use in GMP sessions with mothers;
3. *practiced* using prime child growth messages in a common GMP situation; and
4. *practiced* using mini-dramas to facilitate training.

MATERIALS

Five large cards: STEPS TOWARD GOOD COMMUNICATION

Facts for Life resource manual and/or:

Blank cards/ markers

Paper/ pens/ pencils

Note to the Trainer
You have been doing many things in this workshop to ensure that the learners feel safe with you and the other participants. For example, you have given them a chance to talk in private by using small groups. Also, you have asked them if they have any questions, and praised the ideas that they share with the group. Based on their experience so far, participants will probably have a good sense of what you mean by the word "safety."

The following activity is a **brainstorming** activity. As a trainer you should: 1) *listen*, 2) *paraphrase* what each person says, and 3) *write* only after the person agrees with your paraphrase. In this kind of activity, do not correct people's ideas. Similarly, try not to say "Don't you feel that..." But you can add your own ideas to enrich what participants put on the chart.

RECOMMENDED ACTIVITIES

ACTIVITY 1

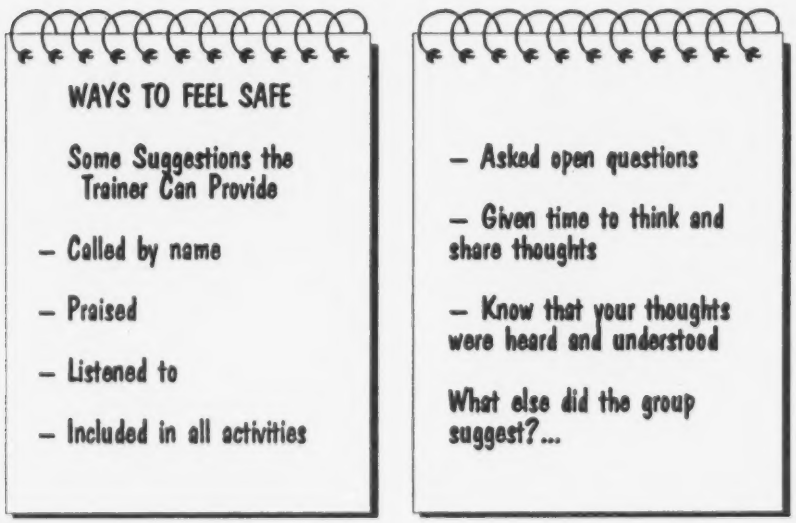
ENSURE A SAFE LEARNING ENVIRONMENT

(estimated time 30 minutes)

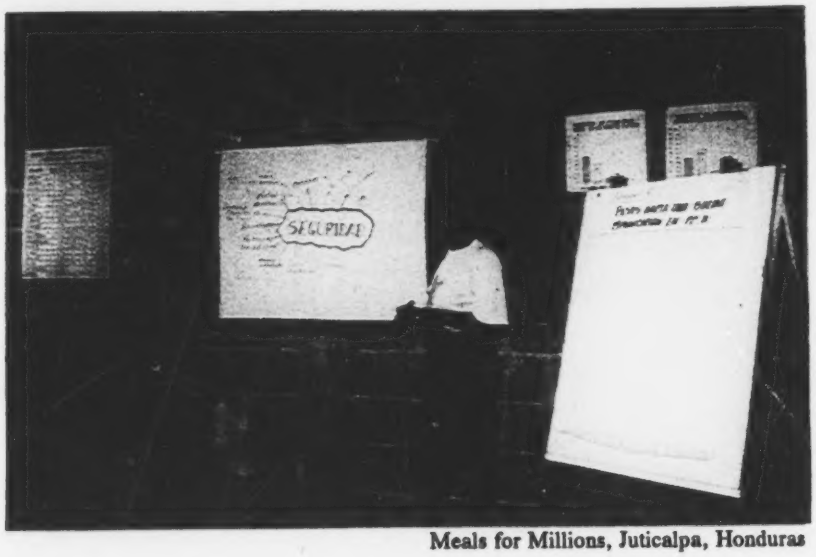
Ask the participants to think about the following:

"What are some ways you have been made to feel safe in this training workshop?"

Rather than listing their responses, you may want to write them in a circle around the word SAFETY.


WAYS TO FEEL SAFE
Some Suggestions the Trainer Can Provide
– Called by name
– Praised
– Listened to
– Included in all activities
– Asked open questions
– Given time to think and share thoughts
– Know that your thoughts were heard and understood
What else did the group suggest?...

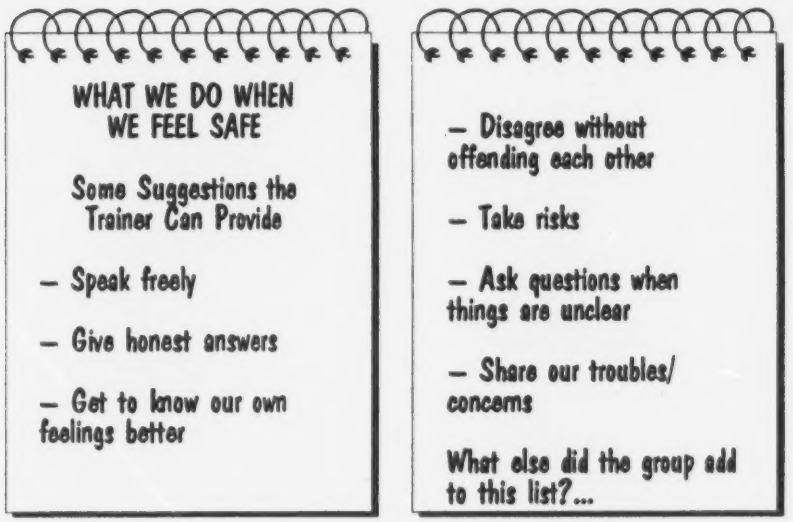
A large sunburst diagram was created by participants in Olancho, Honduras, to show how they could help mothers feel more secure.



Meals for Millions, Juticalpa, Honduras

Ask for a volunteer to act as facilitator to complete the second safety chart in the same way.

"What do people do when they feel safe?"


WHAT WE DO WHEN WE FEEL SAFE
Some Suggestions the Trainer Can Provide
– Speak freely
– Give honest answers
– Get to know our own feelings better
– Disagree without offending each other
– Take risks
– Ask questions when things are unclear
– Share our troubles/ concerns
What else did the group add to this list?...

After a brief discussion, *explain* to the group:

"Safety is a central idea in effective two-way communication. Mothers in the community, like participants in this training, need to feel safe in order to openly share their thoughts and feelings. If they do not feel safe, they will not admit that they disagree, or that they do not understand. As Health Promoters, we can do many things to make a mother feel safe discussing the nutrition and growth of her children."

Now *ask* the group to take a few minutes to sit with their neighbor.

Explain that the pairs will not report back to the group. They will simply share ideas.

"Thinking about the kinds of things that make you feel safe, what do you think you can do as a health promoter to help mothers feel safe?"

Give the group a few minutes to talk in pairs. *Thank* the group for their participation.

Meals for Millions, Juticalpa, Honduras

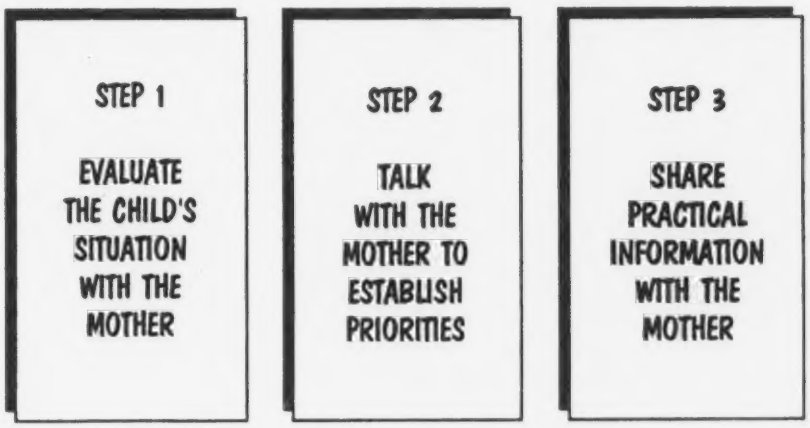
ACTIVITY 2

DESIGN A SET OF STEPS TOWARD GOOD COMMUNICATION

(estimated time 1 hour)

Explain that, in this activity, the group will review and revise a set of steps that health promoters can follow in a GMP session to ensure good communication with mothers. Divide the participants into five groups and give each group one card with a step written on it. *Ask* them to discuss "What do you think are the most important things for us to remember in this step?" *Explain* that the group should record their thoughts on the back of their card to present later on.

Each card names one step toward good communication.


STEP 1
EVALUATE THE CHILD'S SITUATION WITH THE MOTHER
STEP 2
TALK WITH THE MOTHER TO ESTABLISH PRIORITIES
STEP 3
SHARE PRACTICAL INFORMATION WITH THE MOTHER

After a short while, *ask* the groups to present their thoughts step-by-step (group 1, step 1 ... group 2, step 2... etc.) *Encourage* discussion at each step and add your own comments. Here are some ideas that might help you.

STEP 1. EVALUATE THE CHILD'S SITUATION WITH THE MOTHER.

Ask the mother "How do you think the child has been since the last visit?" Listen to her impression of her child's health, observe the child, weigh the child with the mother's help, review the child's growth card, and explain to the mother how this weight compares to previous weighings. Ask if she has any questions ...

STEP 2. TALK WITH THE MOTHER TO ESTABLISH PRIORITIES.

Ask questions to find out about the mother's main concerns, how she cares for the child, and what she already knows about nutrition. Observe her, and the family's, lifestyle whenever possible to get a complete picture of what affects the child's growth and what actions she could take to improve it.

STEP 3. SHARE PRACTICAL INFORMATION WITH THE MOTHER.

Praise the mother for all she does well! Provide selected information on health and nutrition that is important for this *mother at* this *time. Limit the information to what she can understand and use.*

STEP 4. ASSIST THE MOTHER TO MAKE A PLAN OF ACTION.

Help the mother to decide on a small change she could make now given the food, time, and resources available to her. Encourage her to change only one or two new things to support the healthy growth of the child.

STEP 5. LISTEN TO THE MOTHER'S PLAN AND OFFER ENCOURAGEMENT.

At the end of the session, ask the mother how she feels about the session. Ask her to repeat what she will do differently. Reinforce

important points. Tell her why her plan of action will be good for the child. Set a time for follow-up. Congratulate her!

After you have reviewed the entire series of steps, *ask* the group:

"Which of these steps, if any, would you like to change?"

"What steps, if any, would you like to add?"

Before moving on to Activity Three, *ask* each participant to *create* a new set of cards with the number and title of each step. They can use these as a reminder of the steps in the future.

Note to the Trainer
There is no one effective way to conduct a GMP session -- different approaches work well in different places. We have suggested these steps to ensure an open exchange of information between mother and health promoter.

Depending on your style and the pace of the workshop, you may want to change this last activity, as did trainers in Indonesia. Their group designed their own set of steps rather than use the five steps suggested here through a group training technique called affinity mapping. Here's how it works:

1. On separate small cards ask each participant to write down all the steps a HP should take in a GMP session. You may give one example from the list above.

2. One at a time, invite participants to put their cards on a blank chart in the front of the room.

3. As they take turns adding their cards to the board, work with participants to group similar cards together into a single step. For example, participants might use different words to describe the step in which they weigh the child and discuss his/her recent growth.

4. Put the final set of steps in a logical order by asking the participants what should be done first, second, and so on ... Connect the steps with arrows to create a final series of steps.

5. Name and number each step. Design a card for each.

ACTIVITY 3

CREATE MINI-DRAMAS — GROWTH DURING RECOVERY

(estimated time 1 hour)

Ask the group to review the growth messages from *Facts for Life*, and the chart **PRIME MESSAGES: CHILD GROWTH** as background for this activity.

PRIME MESSAGES: CHILD GROWTH

1. Children between the ages of six months and three years should be weighed every month. If there is no weight gain for two months, something is wrong.

2. Breastmilk alone is the best possible food for the first four to six months, of a child's life.

3. By the age of four to six months, the child needs other foods in addition to breastmilk.

4. A child under three years of age needs food five to six times a day.

5. A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.

6. All children need foods rich in Vitamin A (breast-milk, dark leafy vegetables, orange or yellow fruits, carrots, papayas or mangoes).

7. After an illness, a child needs extra meals to catch up on the growth lost during the illness (one extra meal per day for one week).

8. Talking, playing, and showing love are essential for the child's physical, mental and emotional growth.

Present this special situation to the group.

"A health promoter visits the house of a mother whose youngest child, two years old, is recovering from a respiratory illness. The girl's weight fell during the illness and this month she has gained very little weight. She has not recovered the weight she had before the illness."

Ask for three volunteers to do a mini-drama. One participant will take the role of mother, one of health promoter, and the other of facilitator.

The HP should use some of the specific ways to communicate well named in Session Two, Activity Four. For example, they should ask questions, give clear and practical information, and make sure the mother understands. The mother should try to be as responsive and realistic as possible. They will take ten minutes or so to act out the scene. The goal is to test out the steps. The facilitator should help the promoter follow the steps and should give feedback at the end. The rest of the group should refer to their cards so that in the end, they can discuss the use of the steps.

Note to the Trainer
During the drama you may want to use the form presented in Session Three to take notes for feedback. Be specific with compliments and ideas for improvement. Here are some examples of questions the HP might use at different steps.

During Step 1: "I am so glad your daughter is over her illness. You did well to get her through that! We see from the scales that her weight has dropped a bit. What do you think we can do?" (Open question to boost her sense of control)

During Step 2: "When a baby has been sick, and has lost weight, she needs more food than usual to help her regain that weight. What additional food can you give your daughter at this time?" (Open question based on the mother's resources and experience)

During Step 3: "I'm happy to hear that she still takes the breast between meals. Breastmilk will come as long as she is sucking and, in addition to extra feedings, will help her grow. When can you feed and suckle her each day?" (Closed question: encourages the mother to specify her plan of action)

After fifteen minutes, *ask* the facilitator and the group for their comments.

"What has this health promoter done well?"

"What could the HP have said or done better?"

Offer feedback from your own notes. *Praise* participants for their use of the steps. If time allows, *ask* for one more team of volunteers to repeat the activity. *Tell* the group that you will all use this set of steps in the next session and test them out in different GMP situations.

OBJECTIVES CHECKLIST

By the end of the session, ask yourself if all participants have:

1. ___ *described* a "safe" learning environment;
2. ___ *created* a set of steps to use in group sessions with mothers;
3. ___ *demonstrated* ability to use prime child growth messages to counsel mothers; and
4. ___ *practiced* using mini-dramas effectively.

Day Two

SESSION FIVE

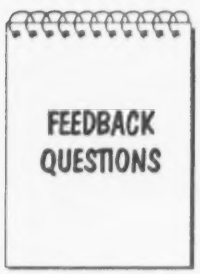
TITLE PRACTICE USING STEPS TOWARD GOOD COMMUNICATION

TIME Estimated 2¼ Hours

OBJECTIVES By the end of Session Five, participants will have:

1. *practiced* using the good communication steps in common GMP situations;
2. *offered and received* feedback on their skills;
3. *practiced* using situation cards and dialogues to facilitate learning.

MATERIALS



Situation cards

Blank cards

Time chart for feeding

Markers

Blank chart paper

One useful game played in Indonesia was the "Rumor Clinic." The facilitator asked six participants to sit in a row. Another participant whispered five sentences to the first one in the line and asked her to pass it down. By the time the message reached the end, many words were missing. The facilitator asked the group to reflect: Do we give too many messages at once so that mothers can not remember them all?

Project Concern International, Riau, Indonesia

Note to the Trainer
If your group hasn't done a participatory game yet today, this might be a good time! You may get some ideas from *Some Resources for Participatory Training Activities*, located in the Reference Section at the back of the manual. Or think of one from your own experience.

RECOMMENDED ACTIVITIES

ACTIVITY 1

PRACTICE DIALOGUES

(estimated time 45 minutes)

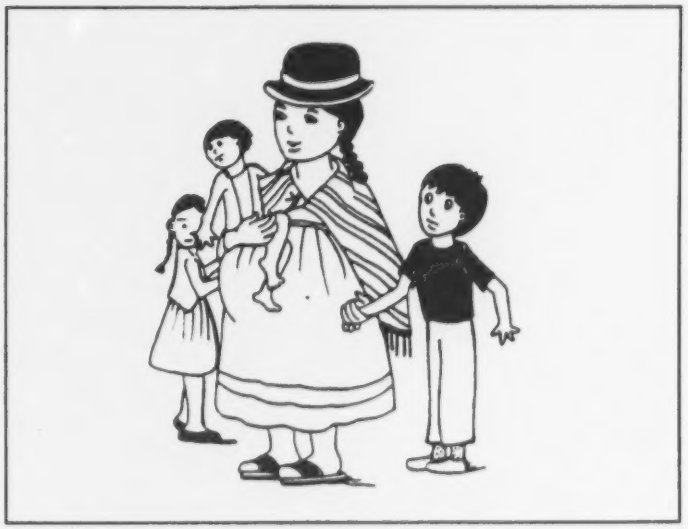
Note to the Trainer
Before this activity, prepare situation cards as described below. Please change the situations cards so that they are more relevant to your community health promoters and to the mothers they serve. If these work, fine! Make the situation cards real.

For variety you may want to use pictures instead of words on the cards. Participants can draw pictures that represent typical situations, such as a young child with diarrhea, and create the details in their dialogue. Be creative and enjoy it.

SITUATION CARD # 1

A young mother has a six-month-old infant boy. This is her first child and her first visit to the clinic. The child has not been weighed before. The mother says the child is never hungry, is weak, and cries all the time. The child is severely underweight.

TEAM NOTES FOR SITUATION # 1: Refer to *Facts for Life*: Illness? Immunization? Diarrhea? Breastfeeding? Focus on one or two key messages for this mother and make sure she understands them. Find out: Why has she never come to the clinic before? Why has she decided to come now? Think: What does this mother need to know and do to guide her child to health and growth?



SITUATION CARD # 2

A mother comes to the GMP session with her girl, nineteen months old. The girl's weight has been erratic -- she has gained less than one kilo over the last six months. The young mother has two older children, and is pregnant again. She has brought this child to the clinic for weighing every month, but she missed last month. She says the little girl has had diarrhoea.

TEAM NOTES FOR SITUATION # 2: Refer to Facts for Life: Immunization? Diarrhoea? Special feeding after illness? Weaning too early? Child Growth? Praise the mother for her faithfulness in bringing the child to the weighing sessions. Help her plan for the new baby as well. Find out: What does she prepare for the other children at home? What may be the immediate cause of the diarrhea? What information does she want on child spacing after the birth? Plan to visit her home if you can.

Project Concern International, Riau, Indonesia

SITUATION CARD # 3

A four-month-old boy is growing well, has had all immunizations, and his weight card shows solid gain. The young mother has brought him each month, and is concerned because he has had a little diarrhea this past month. The baby has a burn on his arm.

TEAM NOTES FOR SITUATION # 3: Refer to *Facts for Life*: Diarrhea? Hygiene? Child growth? Give her lots of praise for her good work so far. Find out about the burn. What does she need to learn about accident prevention? Is she really breastfeeding the child? What else is she giving him?

Instruct the participants to form teams of four:

"Choose a card describing a common GMP situation (one per team), or write your own situation based on what you have experienced in your community. One person in the team will be the mother and one the health promoter. They will act out the situation on the card. The other team members will make sure they follow the seven steps, and that they keep the drama short. Be realistic, given the time that can usually be spent with each mother during a GMP session. Good communication should not take more time than poor communication. But to save time in the workshop, don't pretend to fill-in the growth card or weigh the baby. Let's focus on the dialogue with the mother."

Explain that it is important that the observers give useful feedback. *Suggest* that they use the guidelines on the chart below. *Explain* that in the next activity they will have a chance to play the role of HP and mother.

Note to the Trainer
On page 69 is a rough time chart for feeding young children. If you think it would be a useful reference for participants, xerox it or draw it on a large chart. Adapt it as needed. For example, the age recommendations on the chart should match national policy, the terms "cereal or root staple combination" should be replaced by the name of the local staple, and the household measures should reflect those used locally. You may also want to add special notes in response to local tradition, such as "Small babies need thick porridge at least four times each day."

Team training takes practice. This workshop gives trainers a chance to practice working as a team. It saves time, allows them to have fun, helps them pay more attention to the participants, and helps organize each activity.

PLAN International, Bhubaneswar, India

FEEDBACK QUESTIONS

1. What did you like most about how the health promoter worked with the mother?

2. What could she/he have done differently to help the mother learn what she needed to know?

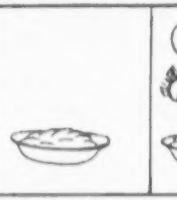
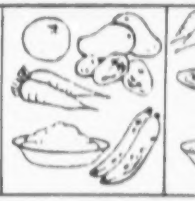
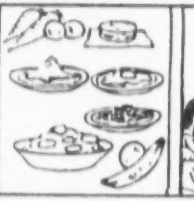
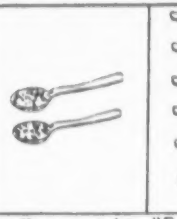
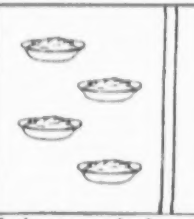
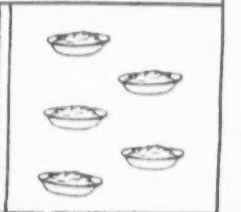
3. What could she/he have done differently to learn about the mother?

As they begin their role-plays, visit each group and take notes for feedback. *Try* to share responsibility among trainers to work with each group individually.

Field staff in Bolivia decided to practice right away with real mothers. They set up a visit to a nearby clinic. It was a great experience. One problem, however, was that the number of observers made the mother uneasy. Be careful of this. A limited number of observers is usually best.

Note to the Trainer
Field test proved that it takes time to arrange for practice with mothers. While this experience is very important, you may want to save it until after the two-day workshop. You could incorporate a practice during a field supervision visit. Or you can plan for a few participants to practice with mothers during the workshop. They can report back to the group. This experience could help everyone to learn.

TIME CHART FOR FEEDING OF MOTHERS AND YOUNG CHILDREN

	Pregnancy	Birth	2 mos.	4 mos.	6 mos.	8 mos.	10 mos.	12 mos.	24 mos.
The Mother's Diet: Should She Eat More?									
	"A mother needs extra food and drink to prepare her for breastfeeding and to nourish her while breastfeeding."								
Breastfeeding: For How Long?									
	"For the first 4-6 months, feed only breastmilk." "Continue to breastfeed while adding new foods to the baby's diet."								
The Child's Food: What Kind?									
	"Begin with cereal and introduce new food gradually." "By one year, feed a variety of healthy foods."								
The Child's Food: How Many Times a Day?									
				"Start feeding one to two times each day."	"Feed at least 4 times each day. Increase the amount at each feed."				

ACTIVITY 2

ROTATE ROLES
(estimated time 1½ hours)

After the first round, *ask* teams to begin to rotate roles so that others get a chance to be HP (estimated time: 30 minutes per round). For new rounds, *ask* them to create new situations that are typical for them on the job.

Explain that the purpose of this practice, using the real life situations they provided, is to build up confidence so they can use the steps easily. Without this, it will not be possible for them to use this approach or teach it to others. Remind them that the dialogues should be no longer than they usually have with mothers.

Support the process of giving feedback to the teams. After everyone has had a chance to practice the steps, *invite* them to discuss what they learned doing the activity, and what they feel they need to practice in the future. *Thank* everyone for their participation.

One nurse supervisor in Honduras said she always thought that good communication with the mother would take too much time. But, after this workshop said, "Good communication can save time. Instead of pushing the mother, we move along with her."

Meals for Millions, Juticalpa, Honduras

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Note to the Trainer
Effective communication is complex. Many trainers of this workshop find that, while participants learn a great deal, they may be frustrated by the difficulty of breaking old habits. If possible, try to evaluate their skills in an individual role-play before the end of this session. Sample observation forms are included in the Reference Section of this manual. Look for keys to good communication: Do they listen (or talk to much)? Do they limit the information they give to mothers? Do they help the mother decide on a small change and confirm understanding?

Congratulate yourself and everyone, as it is not easy to break habits. Remind the participants of this and encourage them to keep trying.

OBJECTIVES CHECKLIST

After the session, ask yourself if participants have all...

1. ___ *prepared* and acted out a mini-drama using each of the seven steps for two-way communication;

2. ___ *demonstrated* flexibility in using *Facts for Life* messages in typical GMP situations; and

3. ___ *suggested* ways for health promoters to help the mother make a meaningful plan of action.

Day Two

SESSION SIX

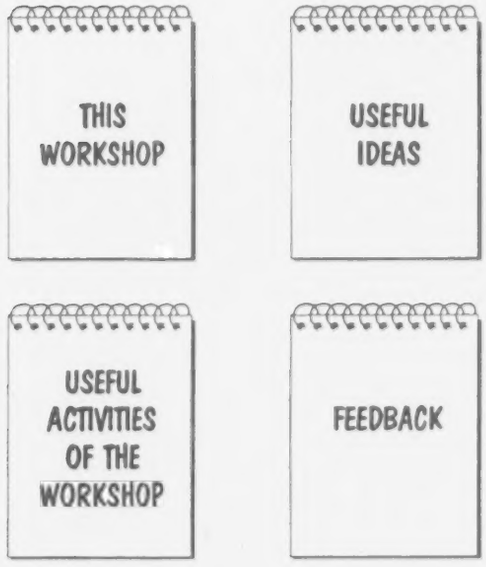
TITLE REVIEW, EVALUATION, AND FOLLOW-UP

TIME Estimated 1¼ Hours

OBJECTIVES By the end of Session Six, participants will have:

1. *reviewed* all they learned in these two days;
2. *suggested* ways to improve this two-day workshop; and
3. *drawn* a plan for follow-up activities

MATERIALS



TIMELINE: FOLLOW-UP ACTIVITIES

Small cards or pieces of paper

Blank chart paper

Pens/ pencils/ markers

RECOMMENDED ACTIVITIES

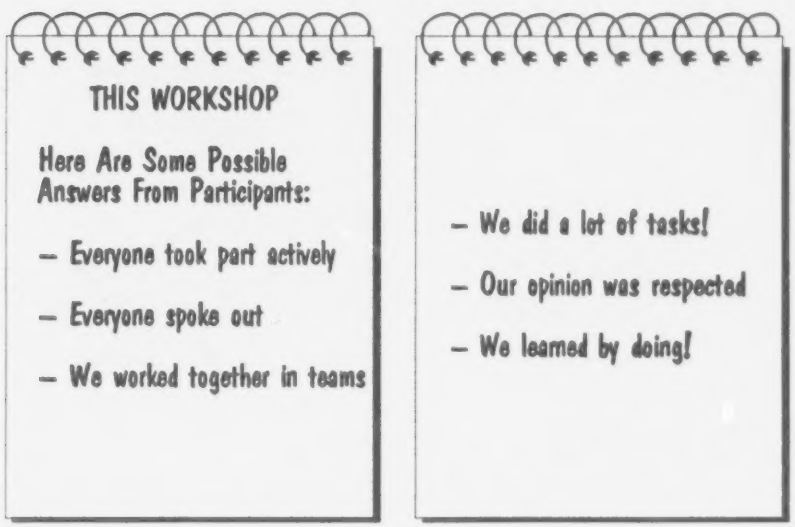
ACTIVITY 1

EVALUATE THE WORKSHOP

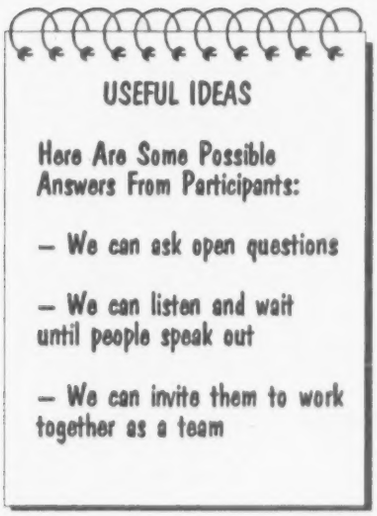
(estimated time 30 minutes)

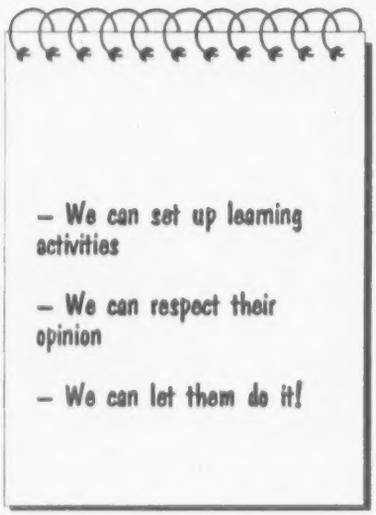
Ask the group:

"What struck you about how we learned what we learned these two days?"


THIS WORKSHOP
Here Are Some Possible Answers From Participants:
– Everyone took part actively
– Everyone spoke out
– We worked together in teams
– We did a lot of tasks!
– Our opinion was respected
– We learned by doing!

"What can you use from this training when you are working with community health workers or mothers?"

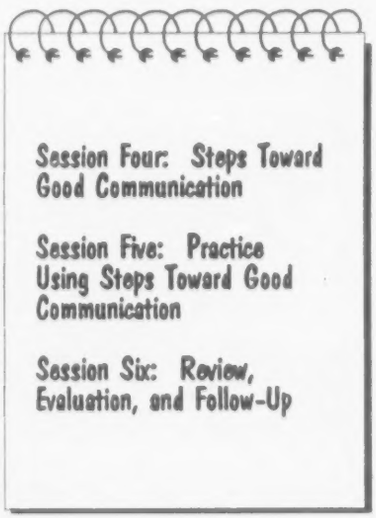

USEFUL IDEAS
Here Are Some Possible Answers From Participants:
– We can ask open questions
– We can listen and wait until people speak out
– We can invite them to work together as a team



Invite the group to look over the program plan we used in these two days.

"Name the one activity from all these sessions that was most useful to you and tell why."

USEFUL ACTIVITIES OF THIS WORKSHOP
Session One: Opening the Two-Day Workshop
Session Two: Communication in Growth Promotion: Making it Better
Session Three: Mothers and Health Promoters Learn from Each Other


Session Four: Steps Toward Good Communication
Session Five: Practice Using Steps Toward Good Communication
Session Six: Review, Evaluation, and Follow-Up

Note to the Trainer
At the beginning of this two-day workshop, you said you would demonstrate the process of two-way communication. Now it is time to invite feedback on your work. Accept whatever is said without defending your work or your position. This is a brainstorming session and everything is welcomed!

Asking the group a series of open questions should get their honest responses to the training.

Discuss suggestions on how the workshop could be changed in the future.

Trainers in Honduras and Indonesia designed special short questionnaires for participants to (privately) evaluate the training. They asked about both content and process of the training and invited suggestions for improvement. One question asked participants to rate their own participation (on a scale). They were also asked to list ways they had changed as a result of the workshop.

Project Concern International, Riau, Indonesia

ACTIVITY 2

PLAN FOLLOW-UP
(estimated time 45 minutes)

Explain to the group that this workshop is a great beginning. Around the globe, participants of this workshop realized that becoming a good communicator takes more than a two-day workshop -- it takes practice and experimentation. *Ask* the participants to talk with a partner about what they think would help them strengthen their communication skills now that the workshop is over. *Encourage* them to share any idea they have, and to include things that they could do, as well as things that their supervisor could do to reinforce communication skills on-the-job. *Ask* the partners to write their favorite ideas on blank cards and pin them to the chart titled **IDEAS FOR FOLLOW-UP**.

Note to the Trainer
Here are some ideas for follow-up from participants in other countries. You may want to share these with your participants.

- **Hold a follow-up workshop with mothers.** Participants may gather again soon to actually weigh children and talk with the mothers, applying the communication steps. Afterward, the group can discuss their experience. What did they do well? What more do they need to practice?

- **Make a pact to practice training skills.** At the end of the workshop, participants could make a pact with each other to practice new communication skills on the job. After a few months, participants could gather to exchange their experiences and insights.

Note to the Trainer
Here are some ideas for follow-up by supervisors. You may want to discuss these now with participants. What kind of support would they like from trainers/supervisors after the workshop?

- **Conduct home visits.** Trainers may begin to accompany health promoters to weigh children in community homes. Together, they could observe the mother's lifestyle, and practice talking with the mother about her child's growth and health. Afterward, the trainer could use open questions to discuss the session with the promoter.

- **Design an observation form for supervisors.** The final part of this manual suggests two types of observation forms. Supervisors may want to use a checklist to observe how well health promoters are communicating with mothers in GMP sessions. The checklist might include each of the steps, with a space for supervisors to make useful suggestions for the HP. From this observation they could identify areas where the promoters need more training and practice.

- **Develop a visual aid.** There are many possibilities for materials that will help participants remember communication skills. For example, the participants might work with trainers to design colored communication cards with plastic covers. Or, they might produce a series of photos or slides (or a short video). If you get big ideas, share them with other organizations. Maybe you can pool your time, creativity, and resources.

After the chart is full, *read* each idea aloud and point out similarities. *Ask* the group to select two follow-up activities from the final set of suggestions. *Invite* the group to draw a large time-line on chart paper (taped together). The time-line will briefly describe each of the two follow-up activities, what will take place, when it will happen, and who will be responsible at each phase. (i.e. participants and/or supervisors)

SUGGESTED DESIGN FOR TIMELINE

	This month	One month from now	Two months from now	Three months from now
Follow-up Activity	____	____	____	____
Follow-up Activity	____	____	____	____

Close the workshop in your own way. You will find a sample workshop certificate in the back of this manual.

"Thank you for your feedback and for your hard work these two days. We hope this workshop will be useful to you and to all the mothers served by community health promoters in this program. We will test the usefulness of this approach in the field, and work together to build these new communication skills among health promoters. With time, your ability in two-way communication will be very great and very well known to all who are concerned about the growth and health of our children."

A communication game by Project Concern International, Riau, India

A FINAL NOTE FROM THE AUTHORS

LEARNING TO LISTEN TO MOTHERS was designed as a two-part training.

You have now completed **PART ONE**...

Strengthening Communication Skills for Nutrition and Growth Promotion

A two-day workshop on two-way communication for field staff in Growth Monitoring and Promotion (GMP) programs. Now, better communication by field staff should help mothers make decisions about the nutrition and growth of their children.

We hope to work with you to develop **PART TWO**...

Improving and Reinforcing Communication On the Job

A package of materials and activities for supervisors to use when working in the field with community health promoters who have been trained in two-way communication. For example, the package might include sample observation and feedback forms or visual reminders for health promoters.

We would like to support you to develop follow-up materials and activities to be included in Part Two. We can help you share what you develop with supervisors and trainers in other places. And, to learn from others who are creatively finding better ways to "Learn to Listen to Mothers." Please send your ideas for Part Two (or call us):

The Nutrition Communication Project
Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037
USA

tel (202) 862-1900
fax (202) 862-1911

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Part Three
Reference Section

WORKSHOP ON
LEARNING TO LISTEN TO MOTHERS
STRENGTHENING COMMUNICATION SKILLS
FOR NUTRITION AND GROWTH PROMOTION
ORGANISED BY CYSD PLAN BHUBANESWAR

PLAN International, Bhubaneswar, India

Reference Material #1

Some Resources for Participatory Training Activities

▸ Indonesian

Perhimpunan Pengembangan Pesantren dan Masyarakat. *Belajar Dari Pengalaman: Panduan Latihan Pemandu Pendidikan Orang Dewasa untuk Pengembangan Masyarakat.* (P3M), PO Box 12 JATCL Jakarta 13000. Tel. (021).

▸ English, Spanish and French

Vella, Jane. 1981. *Learning To Teach: Training of Trainers for Community Development.* Save the Children and OEF International. To order write: OEF International, 1815 H St., N.W., 11th Floor, Washington, DC 20006 or Save the Children Federation, P.O. Box 950, Westport, CT 06881.

Save the Children. *Bridging the Gap: A Participatory Approach to Health and Nutrition Education.* To order write: Save the Children Federation, P.O. Box 950, Westport, Connecticut 06881.

Seslar Svendsen, Dian and Wijetilleke, Sujatha. *Navamanga: Training Activities for Group Building, Health, and Income Generation.* To order write: Women, Ink., 777 U.N. Plaza, 3rd Floor, New York, NY 10017.

▸ Spanish

Vargas, L. y Bustillos de Nuñez, G. 1988. *Técnicas Participativas Para La Educación Popular Tomo I.* To order write: Centro de Estudios y Publicaciones ALFORJA, Apartado 369, San José, Costa Rica.

Smith, B.J., and Delahaye, B.L. 1era. 1990. *El ABC de la Capacitación Práctica.* Edición en español. To order write: McGraw-Hill/Interamericana de Mexico.

Reference Material #2

Sample Invitation for Participants

Dear :

I (we) would like to invite you to take part in a workshop on *Learning to Listen to Mothers: Strengthening Communication Skills for Nutrition and Growth Promotion*. We all know that good communication with mothers is important for the success of our Growth Monitoring and Promotion (GMP) programs. Our goal for this workshop is to help you to improve your communication skills and to boost your confidence in using these skills.

The two-day workshop will include a variety of sessions designed to:

- Discuss the goals of GMP and the role of two-way communication in achieving those goals;
- Identify effective ways to support mothers and motivate them to solve problems in the growth and nutrition of their children;
- Practice sharing appropriate nutrition information to meet a mother's immediate needs and prompt behavior change in common GMP situations;
- Define a series of steps that you can use to assure good two-way communication; and
- Practice using techniques such as small groups, stories and dialogues to facilitate training on any nutrition or health topic.

The workshop will last two full days. It will take place on (date) at (location) from -___a.m. to ___ p.m. Please fill out the attached registration form and return to us by (deadline date). Please feel free to include ideas or wishes for the workshop. We certainly hope that you will be able to join us.

Reference Material #3

Sample Questionnaire for Participants

This is an example of the kind of questionnaire you may want to give participants before and after the workshop. It is based on several different questionnaires developed by our collaborators during the manual's field test. The aim of the questionnaire is to learn more about participants, what they know, and their attitudes about communication on the job. Used before the workshop, it may help you adapt activities to meet their needs. For example, if participants indicate that good communication would "take too much time," you may want to record the length of role-plays during the workshop in which participants use good communication skills. Later, you can discuss how good communication affects the length of a GMP encounter. Used again after the workshop, a questionnaire like this one can help show how the participants' attitudes and knowledge have changed and what areas need further attention by trainers or supervisors.

A few questions on participant background:

1. I am a parent ☐ Yes ☐ No

2. I am ☐ Female ☐ Male

3. The last grade of formal education I completed is _____.

4. I have worked in the field of community health promotion for _____ months/years.

5. I have been doing growth monitoring for _____ months / years.

6. My main responsibility at work is _____
(for example, trainer, MD, nurse, community health worker, supervisor....)

(Add questions as you see fit)

A few questions to find out what participants know and feel about communication with mothers and other caretakers.

I think that....

7. Health promoters should give as much advice as possible during a GMP session. ☐ Yes ☐ No ☐ No Answer

8.	During a GMP session, the child deserves more attention than the mother.	☐ Yes	☐ No	☐ No Answer
9.	In a GMP session, the mother should talk more than she listens.	☐ Yes	☐ No	☐ No Answer
10.	Mothers in my community can make changes to improve their child's nutrition.	☐ Yes	☐ No	☐ No Answer
11.	"You give only breastmilk?" is an open question.	☐ Yes	☐ No	☐ No Answer
12.	An open question can begin with any of the words: *Why?*, *How?*, or *What?*	☐ Yes	☐ No	☐ No Answer

13. The most difficult thing about growth promotion with mothers is _____.

14. The most important goal of a GMP session is _____.

15. On a scale of 1 to 6, I would say that my ability to help mothers actually improve their child's nutrition is

not very capable 1 → 2 → 3 → 4 → 5 → 6 very capable

A few questions (optional) to find out what participants know about nutrition changes that mothers could make. (Adapt these questions so you can find out if participants know the kind of simplified information that they might share with mothers in their community. Then, during workshop activities such as role plays, use examples that will help participants learn the basic nutrition behaviors they should try to encourage.

16. What can a mother do to help make more breastmilk for her baby?

a) drink more whenever she is thirsty
b) give the breast on demand
c) alternate the order of breasts with each feed
d) all of the above

17. If a child is exclusively breastfed for the first four months, he or she will be:

a) in good health in most cases
b) malnourished
c) dehydrated
d) protected from diarrheal diseases

18. In the first four months of life, what should a child take, besides breastmilk?

a) plain water
b) a sweet drink
c) a little cereal
d) none of the above

19. After an illness, which of these foods are good for children who may not get enough vitamin A?

a) breastmilk
b) dark leafy vegetables
c) orange and yellow fruits
d) all of the above

20. A child aged eight months to three years should eat:

a) 4-6 times a day
b) twice a day
c) three times a day

Answers:

1-6. no correct answer
7. No. More than two pieces of information is usually too much for one session.
8. No. The mother deserves attention because she is the one who will decide on changes to improve her child's growth.
9. Yes. If a mother talks, the health promoter can learn what she knows, thinks, and feels.
10. Yes. One small change with each visit should improve a child's nutrition in most cases.
11. No. This is a leading question.
12. Yes. This type of question invites a mother to answer honestly.
13-15. no correct answer
16. d. (all of the above)
17. a. (in good health)
18. d. (none of the above)
19. d. (all of the above)
20. a. (4-6 times each day)

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Reference Material #4

The following are two examples of forms that you may use to observe how health promoters communicate with mothers. They were developed by field test collaborators and should give you ideas for how to observe the communication skills of health promoters in your program.

Sample Observation Table

This table is adapted from one developed with supervisors in Bolivia. You could use the table during a role-play in the workshop, or to record how a health promoter communicates on the job. You may want to use it in addition to other supervisory observation forms; it is not meant as a substitute for those forms. This table provides a picture of how a health promoter communicates with a mother, and what a mother does in return. The symbols listed next to the table should be recorded in a box each time the promoter or mother communicates.

	Health Promoter	Mother
Before the Weighing		
During the Weighing		
After the Weighing		

Good Communication by the Health Promoter	Symbols
·Used the Mother's name	N
·Asked an open question	?
·Asked any question	(?)
·Repeated what the mother said	R
Communication by the Mother	
·Spoke	S
·Asked a question	?

Observer Notes: Overall, what does this "picture" say about the health promoter's use of communication skills? What skills were used well? What skills need more work?

Other special Observer Notes: (i.e. interruptions, location, time allowed for the encounter, confidence and capability of Health Promoter with respect to weighing and interpreting growth, etc.)

BEST COPY AVAILABLE

Sample Observation Guide

This observation guide was adapted from one used recently in a Mali workshop on strengthening interpersonal communication skills. Participants used the Mali guide to observe each other during practice sessions. Then, trainers used it to evaluate participants' skills during prepared role-plays at the close of the workshop. This guide could be adapted not only to help assess communication skills, but also to help show whether the promoter's communication was effective.

1. How does the health promoter (HP) show that she is interested in the mother and the mother's problems?

2. How does the HP show the mother that he or she is listening attentively to what the mother has to say?

3. Which are the most pertinent questions that the HP asks the mother?

4. How could the HP explain important information more clearly to the mother?

5. According to the mother, what are the problems that bring her and her child to see the HP today?

6. How does the HP know if the mother understood what has been said?

7. How does the HP help the mother find a solution to the problems?

8. Has the HP found something positive to say to encourage the mother? If yes, what?

<u>General Feedback</u>

Think about the STEPS TOWARD GOOD COMMUNICATION:

1) Evaluate the situation
2) establish priorities
3) share practical information
4) assist the mother to make a plan of action
5) listen to the mother's plan and offer encouragement

1. Of these, what has the HP done well?

   Why was done well?

2. What could the HP do or say better to improve the conversation with the mother?

Reference Material #5

Sample Certificate

This Certifies

That:

_____

participated in

LEARNING TO LISTEN TO MOTHERS

a workshop for strengthening communication skills in nutrition and growth promotion

_____ _____

_____ _____